



ADVERSE CHILDHOOD EXPERIENCES- HUMBOLDT COUNTY SUMMARY FINDINGS

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Abstract: Adverse childhood experiences (ACEs) are linked to a number of poor health outcomes. In collaboration with the North Coast Grantmaking Partnership (NCGP), the California Center for Rural Policy (CCRP) collected secondary data and conducted key informant interviews with community and agency leaders to understand the current and desired future landscape of work focused on adverse childhood experiences (ACEs) in Humboldt County.



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Executive Summary

In the summer of 2017, in collaboration with the North Coast Grantmaking Partnership (NCGP), the California Center for Rural Policy (CCRP) collected secondary data and conducted key informant interviews with 16 stakeholders to understand the current and desired future landscape of work focused on adverse childhood experiences (ACEs) in Humboldt County.

An adverse childhood experience describes a traumatic experience in a person's life occurring before the age of 18. The original ACEs study was comprised of ten questions and was conducted at Kaiser Permanente in 1995-1997. Study findings revealed a relationship between the numbers of ACEs reported and negative health outcomes later in life. People with four or more ACEs are at high risk for chronic health problems such as heart disease, cancer, diabetes, suicide, and alcoholism.

In 2014, the Center for Youth Wellness released a report titled *A Hidden Crisis: Findings on Adverse Childhood Experiences in California*, which looked at the impact of ACEs in California through four years of data collected by the annual California Behavioral Risk Factor Surveillance System. In Humboldt County, the study showed that more than 70% of respondents reported at least one ACE.

CCRP conducted a review of available secondary data, which revealed the following findings:

- Humboldt County has a higher rate of reported child abuse and neglect than California as a whole.
- Humboldt County has a higher percentage of reports of sexual abuse than California as a whole.
- Humboldt County has a higher percentage of children who have had a parent or guardian die than California as a whole.
- Humboldt County has a higher rate of children in foster care than California as a whole.
- Humboldt County has a higher percentage of homeless public school students than California as a whole.
- Humboldt County lacks reliable population-level data for a number of ACEs indicators.

The purpose of the key informant interviews was to understand 1) each stakeholder's current understanding of ACEs, 2) each organization's current work focused on ACEs, 3) each stakeholder's vision for how to evolve or shift ACEs work at their organization, and 4) what each stakeholder would like to see addressed around future community-level ACEs work.

Key Findings

The following were major themes that emerged from the interviews with key informants:

- **Current Understanding of ACEs**
 - Interviewees shared a common knowledge base around ACEs.
 - Interviewees shared a concern and urgency to address ACEs in Humboldt County.
- **Current ACEs-Related Efforts**
 - Interviewees reported a broad base of current ACEs work.

- Interviewees reported a majority of current work focused on individual-level change.
- Interviewees reported that very little ACEs-specific data is currently being collected.
- Current ACEs work clustered in four areas:
 - Direct service to children and families
 - Trainings for professionals working with children and families
 - Participating in coalitions and networks
 - Linking families to resources/referrals
- **Vision for Evolving and/or Shifting ACEs Efforts**
 - Interviewees expressed a desire to move toward more systems change and policy-level work
 - Interviewees expressed a desire to enhance partnerships and “de-silo” ACEs work
 - Interviewees expressed a desire to come together to look at common goals, collective impact, and how to deepen the work to create long-term change.
- **Future Community-Level ACEs Work**
 - Interviewees indicated a need to engage the larger community around ACEs
 - Interviewees expressed interest in enhancing/expanding work to build resilience in children and families
 - Interviewees wanted to see cross-pollination of current efforts and shared multi-agency indicators and benchmarks to measure impact.

Recommendations

Recommendations are based on responses from key stakeholders and are described in more detail in the recommendations section of the report.

- **Explore cross-pollination of current ACEs efforts; “de-silo” efforts.**
- **Develop and implement strategies to meaningfully engage the larger community in ACEs work.**
- **Identify programs and strategies that build resilience; identify gaps and opportunities to help families and youth prevent and overcome ACEs.**
- **Clarify shared common goals, shared benchmarks and indicators related to ACEs. Improve data collection around ACEs-specific data.**
- **Deepen efforts across the spectrum of prevention and the socio-ecological model with a focus on moving towards more systems change and policy-level work.**

There will be a second phase of key informant interviews that will be conducted by CCRP with families who have members directly affected by ACEs and who are interacting with service providers to broaden and deepen the understanding of ACEs from their perspective. Those interviews will be reported on in a subsequent report.

Introduction

Adverse childhood experiences (ACEs) are linked to a number of poor health outcomes. In collaboration with the North Coast Grantmaking Partnership (NCGP), the California Center for Rural Policy (CCRP) conducted key informant interviews with community and agency leaders to help NCGP direct future funding and community-based efforts to prevent and mitigate the impact of ACEs on residents of the North Coast.

The purpose of the key informant interviews was to understand 1) each stakeholder's current understanding of ACEs, 2) each organization's ACEs current work, 3) each stakeholder's vision for how to evolve or shift ACEs work at their organization, and 4) what each stakeholder would like to see addressed around future community-level ACEs work.

Definition of Adverse Childhood Experiences (ACEs)

According to the Centers for Disease Control and Prevention (CDC), childhood experiences, both positive and negative, have a tremendous impact on lifelong health and opportunity. An adverse childhood experience (ACE) describes a traumatic experience in a person's life occurring before the age of 18.

CDC-Kaiser Permanente ACE Study

The original ACE study was conducted at Kaiser Permanente from 1995-1997 and included two waves of data collection. Over 17,000 Health Maintenance Organization (HMO) members from Southern California received physical exams and completed confidential surveys regarding their childhood experiences and current health status and behaviors.

Almost two-thirds of study participants reported at least one ACE, and more than 20 percent of reported three or more ACEs. Study findings repeatedly revealed a relationship between the numbers of ACEs reported and negative health and well-being outcomes across the life course. People with four or more ACEs are at high risk for chronic health problems such as heart disease, cancer, diabetes, suicide, and alcoholism.

Health Effects of Toxic Stress (from www.acesconnection.com)

Toxic stress caused by ACEs can alter how DNA functions, which can be passed on from generation to generation. Toxic stress damages the functions and structure of kids' developing brains. Over time, individuals who have experienced toxic stress for a prolonged period become more sensitive to trauma or stress and have trouble recovering and returning to a normal state. The constant presence of adrenaline and cortisol keeps blood pressure high which weakens the heart and circulatory system and can lead to poor health outcomes.

Resilience Research

The human brain continually changes in response to environmental changes. If toxic stress is halted and replaced by practices that build resilience, the brain can heal from traumatic life events. There is a body of research that documents how individuals' brains and bodies become healthier through mindfulness practices, exercise, healthy food, adequate sleep, and healthy relationships with others. According to the Director of the Center on the Developing Child at Harvard University Jack Shonkoff, "Resilience depends on supportive, responsive relationships

and mastering a set of capabilities that can help us respond and adapt to adversity in healthy ways. It's those capacities and relationships that can turn toxic stress into tolerable stress.”

Methods

Interviewing of Key Informants

A total of 16 persons identified as systems leaders and key stakeholders participated in one-on-one in person interviews with CCRP. CCRP worked with NCGP to identify key stakeholders to invite. Qualitative methods prescribe that persons interviewed are purposively sampled, not randomly sampled as with quantitative methods, in order to obtain a range of perspectives.

Figure 1. Types of Interviewees

Interviewees	Totals
Non-Profit Organizations	4
Public & Governmental Agencies	6
Health Providers	3
Health-Focused Networks & Collaborative Groups	3

Interviewees represented a range of agencies and organizations. Non-profit organizations, public and governmental agencies, health providers, and health-focused networks and collaborative groups were all represented in the interviews. Interviews were conducted between June and September of 2017. In most cases, individuals who participated in interviews were part of their agency's leadership team or were the Executive Director of their organization. This selection was purposeful to ensure that those interviewed could speak to the work of the entire organization.

Focus of Inquiry

Open ended questions were developed through a collaborative process. CCRP developed a draft set of questions which were shared with NCGP. An iterative process was utilized to finalize the questions. The interview consisted of 14 questions and can be found in Appendix A.

CCRP utilized two existing frameworks to map the current ACES-related efforts reported by interviewees. The Social Ecological Model and the Spectrum of Prevention were selected due to their relevance to the subject matter and their usefulness in classifying a diverse range of strategies and activities that characterize the ACEs work currently underway in Humboldt County.

Data Entry and Analysis

Interview Data Entry

All interviews were conducted by CCRP's Director of Health. Interviews were audio-recorded in order to capture word-for-word responses from the interviewees. Once a key informant interview was conducted the audio-recording was sent to CCRP for transcription and analysis. Once audio-recordings were received, each interview was transcribed and formatted in a Microsoft word document.

Qualitative Data Analysis of Key Informant Interviews

Transcribed interviews were analyzed for repetitious patterns of ideas generated from participant responses to the questions that were asked (see Appendix A). Repetitious patterns were analyzed by unitizing and categorizing data using the modified method of constant comparison. All data were coded and retrieved via computer-assisted qualitative data analysis using ATLAS.ti.

To identify the major themes and sub-themes arising from participant responses a code list was developed. Codes were constantly refined and grouped together, as new themes emerged throughout the analysis of all 16 interviews.

Results

Results are portrayed in tables with the listing of the codes or themes arising from the key-informant interviews. Results are presented in the four question groups (see Figure 2). The frequency column represents the number of key informant interviewees with responses that matched the theme. The percent column reflects the percentage of interviewees that gave responses within that theme. For many questions interviewees had responses that fit into multiple themes.

Figure 2 lists the top overall themes that correspond to the four question groups.

Figure 2. Overall Themes

Four Question Groups	Key Themes
Current Understanding of ACEs	Common knowledge base around ACEs
	Concern and urgency to address ACEs in Humboldt County
Current ACEs-Related Efforts	Broad base of current ACEs work
	Current work focused on individual-level change
	Little ACEs-specific data being collected
	Current ACEs work clustered in four key areas: Direct service to children and families, trainings for professionals, participating in coalitions and networks, and linking families to resources/referrals
Vision for Evolving and/or Shifting ACEs Efforts	A desire to move toward more systems change and policy level work
	A desire to enhance partnerships and “de-silo” ACEs work
	A desire to come together to look at common goals, collective impact, and how to deepen the work to create long-term change
Future Community-Level ACEs Work	Need to educate the larger community around ACEs
	Enhancing/expanding work to build resilience in children and families
	Cross-pollination of current efforts and shared multi-agency indicators and benchmarks to measure impact

Current Understanding of ACEs

All interviewees were asked three main questions in regards to their current understanding of ACEs.

1. Can you describe your understanding of ACEs?
2. What do you consider to be ACEs?
3. What are some of the reasons that you are interested in the ACEs work?

The top two themes that emerged in regards to interviewees' current understanding of ACEs were:

1. Interviewees shared common knowledge of what ACEs are and the potential for ACEs to negatively impact a person's health throughout their life.
2. Interviewees shared concern for the impact of ACEs on children in Humboldt County and a sense of urgency to address the problem.

All of the interviewees were able to describe their understanding of ACEs and all were familiar with the term. Almost 2/3 of interviewees knew that the more ACEs a child has experienced, the more likely they are to have negative health outcomes later in life.

"The more adverse childhood experiences a child has, their likelihood of poor health outcomes increases."

–Interviewee

"I am involved with children that bear the effects of ACEs."- Interviewee

Figure 3. Can you describe your understanding of ACEs?

Response Themes	Frequency (n=16)	Percent*
Humboldt County has a high rate of ACEs	5	31%
Research from the original Kaiser study	7	44%
Heard/saw Nadine Burke- Harris video on ACEs	3	19%
The more ACEs you have, the more likely you are to have negative health outcomes	10	63%
Learned about ACEs at a training	2	13%
ACEs research resonates with my direct experience working with children and families	4	25%

*Interviewees had multiple responses to this question.

Interviewees were asked- What do you consider to be ACEs? Many respondents were able to list the ten original indicators included in the CDC-Kaiser study (see Figure 3). Additionally, respondents listed additional indicators that they perceived as adverse childhood experiences (see Figure 4).

Based on input from key informant interviews and a discussion with members of NCGP in August 2017, CCRP developed a list of ACEs indicators that included the 10 original indicators as well as a selection of additional indicators prioritized by stakeholders. The results of the secondary data scan can be found in a subsequent section of the report.

Figure 4. ACEs Indicators from the CDC-Kaiser Study

Indicator	Source
Emotional abuse	CDC-Kaiser Study
Physical abuse	CDC-Kaiser Study
Sexual abuse	CDC-Kaiser Study
Emotional neglect	CDC-Kaiser Study
Physical neglect	CDC-Kaiser Study
Separation or divorce of parents	CDC-Kaiser Study
Witnessed physical abuse of a parent	CDC-Kaiser Study
Living with a family member addicted to alcohol and/or other drugs	CDC-Kaiser Study
Living with a family member struggling with mental health	CDC-Kaiser Study
Having an incarcerated household member	CDC-Kaiser Study

Figure 5: Additional ACEs Indicators Identified by Interviewees

Indicator	Source	Frequency
Discrimination	Interviewee	4
Adverse community experiences*	Interviewee	5
Natural disaster	Interviewee	3
Catastrophic injury/illness	Interviewee	2
Bullying	Interviewee	2
Involvement with foster care system	Interviewee	2
Refugee/immigrant status	Interviewee	2
Single parent households	Interviewee	2
Unstable household/Lack of supervision	Interviewee	3
Extreme poverty	Interviewee	5
Negative experience within school system	Interviewee	2
Homelessness/transitional living situation	Interviewee	1
Food insecurity	Interviewee	2
Generational and/or historical trauma	Interviewee	2

*Adverse community experiences included: Living in a violent neighborhood, black mold in schools, living in areas with water and/or air pollution, and war/conflict.

Finally, interviewees were asked to describe the reasons that they are interested in the ACEs work. Interviewees shared a strong concern for the impact of ACEs on Humboldt County youth and a shared sense of urgency to address this problem to improve the health and well-being of children and families. Several interviewees indicated that the majority of people they are working with have experienced ACEs.

“We can change the trajectory of youths’ lives and then change society if we help enough of these youth to break the cycle.”

-Interviewee

“ACEs widens that lens of ‘what happened to you instead of what’s wrong with you’ - ACEs is a forgiving lens and is backed by neuroscience.”

-Interviewee

Figure 6. What are some of the reasons that you are interested in the ACEs work?

Response Themes	Frequency (n=16)	Percent*
Critical framework to understand and work effectively with children and families who are struggling	6	38%
The overall health and well-being of children is connected to the overall health of the community	7	44%
We need to foster a compassionate community	4	25%
I have a personal motivation to do this work	5	31%
We need to invest in and protect children	5	31%

*Interviewees had multiple responses to this question.

Current ACEs-Related Efforts

All interviewees were asked four main questions in regards to their agency or organization’s current ACEs-related efforts.

1. What work is your agency currently engaged in that relates to ACEs?
2. Describe any data that is being collected at your agency that relates to ACEs.
3. How is your current work focused on preventing ACEs?
4. How is your current work focused on mitigating ACEs?

“What happens to a child impacts the whole community... We should be concerned about all kids because all kids live in our community and all kids have an impact on our lives.”

- Interviewee

The top two themes that emerged in regards to current ACEs-related efforts were:

1. All interviewees reported current ACEs-related work at their agency or organization.
2. Current efforts were focused more on change at the individual level than at the systems level.
3. Most interviewees are collecting program-specific data; data being collected does not specifically address ACEs.

All interviewees were engaged in work that was linked to the prevention and mitigation of adverse childhood experiences. The spectrum of prevention (Cohen and Smith, 1999) and the social ecological model (Bronfenbrenner, 2005, adapted by CDC) are useful frameworks to describe the range of current ACEs-related work reported by interviewees.

The social ecological model of health considers five key factors that influence a person’s overall health: Individual, interpersonal, organizational, community, and public policy. The spectrum of prevention includes six strategies designed to address complex, significant public health problems.

Both models take into account the multiple determinants of health and support comprehensive approaches to address poor health outcomes. Difficult public health problems, such as

preventing and mitigating the impact of adverse childhood experience, require a range of approaches and attention to all of the factors that influence health.

Socio-Ecological Model



Figures 7 & 8 illustrate that much of the current ACEs work identified by interviewees is focused on individual-level change. Stakeholders did not report ongoing work at the public policy level. Some interviewees expressed interest in more work at this level. Several interviewees mentioned a Town Hall meeting in 2016 with Senator McGuire that focused on ACEs and was very well-attended. Community-wide education around ACEs was another area where interviewees

reported very little work, and some interviewees expressed interest in expanding the work in this area.

Figure 7. Current ACEs-Related Work- Social Ecological Model

Social Ecological Factor	Number of Organizations (n=13)	Percentage of Organizations
Individual: Knowledge, Attitudes, Skills	11	85%
Interpersonal: Families, Friends, Social Networks	9	69%
Organizational: Organizations, Social Institutions	6	46%
Community: Relationships between Organizations	4	31%
Public Policy: National, state, local laws & regulations	1	8%

*Organizations work at multiple levels, but were only counted once in each factor area.

Figure 8. Current ACEs-Related Work- Spectrum of Prevention

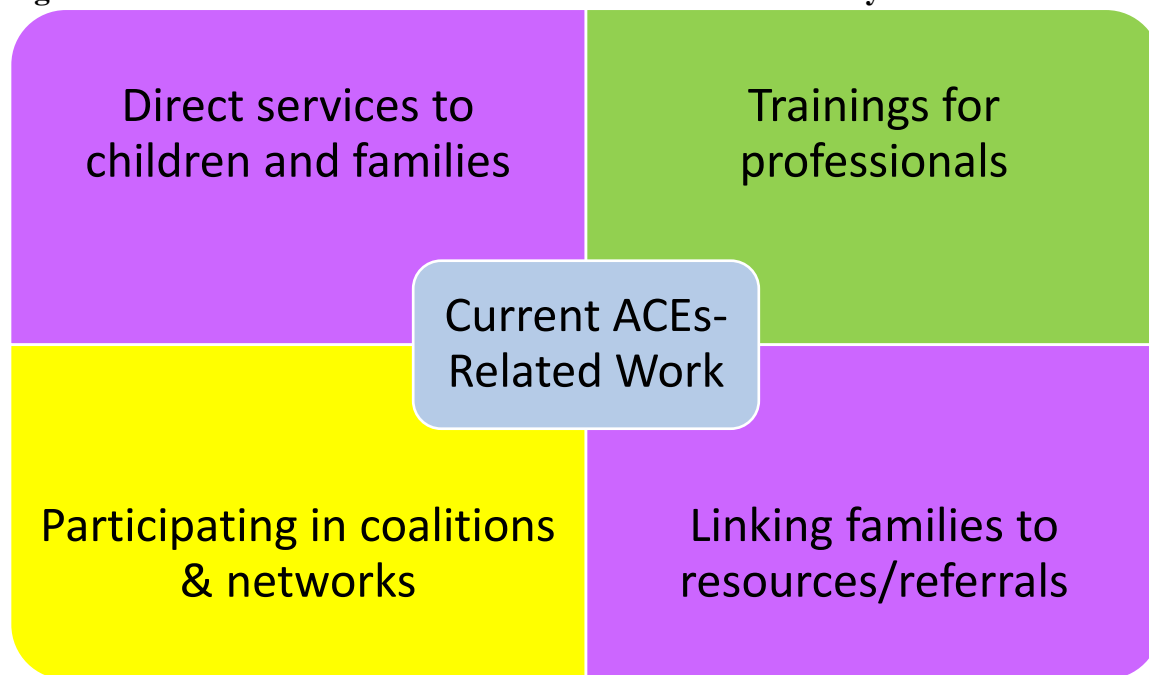
Spectrum of Prevention Strategy	Number of Organizations (n=13)	Percentage of Organizations
Strengthening Individual Knowledge & Skills	11	85%
Promoting Community Education	3	21%
Educating Providers	5	38%
Fostering Coalitions & Networks	5	38%
Changing Organizational Practices	5	38%
Influencing Legislation & Policy	1	8%

*Organizations work at multiple level, but were only counted once in each area of the spectrum.

Analysis of interviewee responses indicated a clustering of work in the following areas as seen in Figure 9. Colors in the graphic correspond to the related level of the spectrum of prevention.

Again, work appears to cluster in three of the six levels of prevention. While many agencies are engaged in work at the individual level, few are engaged at the policy level.

Figure 9. Current Clusters of ACEs Work in Humboldt County



In terms of direct service to children and families, interviewees mentioned two key buckets of work: 1) concrete support in times of need, and 2) building resilience and protective factors. Interviewees also mentioned some specific programs in place that they felt were innovative, promising or evidence-based approaches to ACEs and trauma response:

- Trauma Responsive Environments Everywhere (TREE)
- Multi-Tiered Systems of Support (MTSS)
- Positive Behavioral Intervention and Supports (PBIS)
- Differential Response (DR)
- Healthy Moms Program
- Nurse Family Partnership (NFP)
- Safe Care
- Playgroups
- Infant-Family Early Childhood Mental Health Certification

It should be noted that the work presented here represents input from key informant interviewees only and is not necessarily an exhaustive list of ACEs-related work in Humboldt County.

Interviewees were also asked to describe any data that is being collected at their agency that relates to ACEs. No interviewees were collecting or tracking ACEs-specific data at their agency. Many interviewees were collecting program-specific data, such as client demographics and service tracking, and encounter-level data. Some were tracking program evaluation data related to grants or their affiliation with national agencies. No interviewees were administering the ACEs questionnaire.

Vision for Evolving and/or Shifting ACEs Efforts

All interviewees were asked three main questions in regards to their vision for evolving and/or shifting the current ACEs efforts at their agency or organization.

1. How would you like to shift or evolve the ACEs work that is happening at your agency?
2. Describe some of the ways you have identified resources to move ACEs work forward at your agency.
3. Describe any key partnerships you have cultivated to further ACEs work at your agency.

The top three themes that emerged related to interviewees’ vision for evolving and/or shifting ACEs work at their agency or organization were:

1. A desire to move towards more systems change and policy-level work
2. A desire to enhance partnerships and “de-silo” ACEs work
3. A desire to come together to look at common goals, collective impact, and how to deepen the work to create long-term change.

Interviewees indicated that there were many key partnerships currently in place to address ACEs in Humboldt County. However, there was also a need for those partnerships to be strengthened so that the ACEs work can move upstream and focus on multiple layers of the spectrum of prevention.

“We all work in silos. I think our community needs to share ideas so that each place isn’t reinventing the wheel.”

-Interviewee

“We want to do deeper, more focused work on multiple layers of the spectrum of prevention or the ecological model.”

-Interviewee

Figure 10. How would you like to evolve and/or shift the ACEs work that is happening at your agency?

Response Themes	Frequency (n=16)	Percent*
Bring ACEs-related trainings to families, parents, foster parents, and other caregivers	2	13%
More support and a plan for children that have ACEs/Deeper understanding of how to support those who have experienced ACEs	5	31%
Move toward systems change and policy-level work/Move work upstream	6	38%
Clarify common goals and track shared outcomes specifically related to ACEs	4	25%
More training for health professionals/More providers screening for ACEs	3	19%

*Interviewees had multiple responses to this question.

Some interviewees posed questions that are relevant to the key response themes:

1. Who will take responsibility for moving system change work forward?
2. Should the backbone for this work be one entity or should it be a collaborative of sorts?
3. There are a lot of groups doing great work. How do we be more organized and make more of an impact?

Some interviewees had specific ideas about expansion or creation of programs or services to support children who have experienced ACEs.

- Screen population for ACEs and link those with high ACEs score to resources.
- Free access to quality childcare for all parents
- Free access to a coach or nurse for all parents
- Tools (i.e. checklist) for those who work directly with children who have experienced ACEs
- Create spaces to bring children who are acting out
- One person at our agency to take the lead on ACEs and that is their primary responsibility
- Social workers in school settings
- Create a hub for trauma services

“I’d love to see our agency have a trauma informed care specialist.”

-Interviewee

“We need to move social workers from agencies to school campuses.”

-Interviewee

“One of the pieces that really needs to happen is system change work.”

-Interviewee

“I want to see a way that we can help those kids, and a plan for them. I want to have a checklist...and tools to deal with it, to address it.”

-Interviewee

Interviewees were also asked to describe some of the ways they have identified resources to move ACEs work forward at their agency. Most interviewees had program-specific funding through grants or contracts for work that was indirectly linked to ACEs, but only a couple of interviewees had funding that was directly specified for ACEs work. Some interviewees were able to use existing funding to purchase specific items like lap blankets, sensory balls, a sand table or other sensory toys to help children de-escalate. A more detailed description of the current funded ACEs work can be found in the results section on current ACEs-related efforts.

“Unfortunately, when the grant goes away the program goes away...so it’s important to make sure it’s an ongoing approach that the organization is going to take.”

-Interviewee

“We want to look at the funding streams we currently have to see if we could be doing something differently to orient it more toward prevention.”

-Interviewee

The theme of doing ACEs work in partnership with others also came up

multiple times and a number of respondents expressed the value of and need for partnerships to share ideas and resources, and learn from one another.

Future Community-Level ACEs Work

All interviewees were asked four main questions in regards to their vision of future community-level ACEs work.

1. What future ACEs work would you like to see addressed at a community level?
2. Describe any key gaps in current local efforts around ACEs work.
3. Can you identify any key community partners that are missing from the ACEs work?
4. Are there other groups or agencies that you would recommend we conduct an interview with?

“Outreaching to the community in ways where they see that we understand the connections...to really work in ways that allow for co-advocating for people and providing services simultaneously.”

-Interviewee

The top three themes that emerged in regards to future community-level ACEs work were:

1. Need to educate the larger community around ACEs
2. Enhancing/expanding work to build resilience in children and families
3. Cross-pollination of current efforts/Need for multi-agency approaches

“We’re doing the work but I think we need to step back for a moment and talk about the long-term impact we want to see.”

- Interviewee

“I want us to have a plan, a clearly articulated goal that resonates with all the different agencies. I want an action plan that we can all work on together.”

-Interviewee

In regards to the question around future ACEs work that respondents would like to see addressed at a community level, interviewees wanted to see more community-wide education to build a broader understanding of ACEs and they wanted to implement strategies and activities to build resilience in children and families to help them overcome adversity. Additionally, interviewees wanted to see multi-agency cross-pollination of ACEs efforts and shared benchmarks, criteria and indicators to measure the impact of the work.

“We know the issues that children are dealing with, and it’s not a band-aid, it’s not a quick fix... We need something that can stop ACEs, stop these adversities, instead of just working with youth and the families to help them cope with it.”

- Interviewee

“We need to look at the protective, the resiliency, at the systems and programs that provide resiliency in our communities. Where are there gaps? Where are there opportunities to amp it up?”

- Interviewee

Figure 11. Describe any key gaps in current local efforts around ACEs work.

Response Themes	Frequency (n=16)	Percent
Need to “de-silo” work; systems need to work together	7	44%
Work with the parents before the child arrives/Support pregnant women	2	13%
Education and training around ACEs for the general community, including parents	4	25%
More early childhood support	3	19%

*Interviewees had multiple responses to this question.

Individual interviewees also described the following gaps:

1. Most services are only accessible to those who live near Humboldt Bay
2. Policy makers and the tribal community need to be engaged
3. Need to acknowledge historical and generational trauma in political and public ways
4. Need for a trauma treatment center
5. Need for developmental trauma disorder to be considered a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis

“One key gap is getting to the people...not just outreach and education but inclusion in the professional conversation.”

-Interviewee

“Developmental trauma disorder should have ended up in the most recent DSM and didn’t.”

-Interviewee

“There are a lot of people that are caught in a circle of ‘this is how it’s always been done, this is how my parents treated me, this is how I’m going to raise my kids.’ So getting to parents so that those cycles stop and are able to transform into something new.”

-Interviewee

“Better collaboration overall because part of childhood developmental trauma is not trusting people in authority. Then we fail them over and over again...we need better communication between the different services that people are receiving.”

-Interviewee

The predominant theme around key gaps in current local efforts was interviewees’ desire to see systems working better together and for ACEs work to be more integrated across agencies and organizations.

Interviewees were then asked to identify any key community partners that are missing from the ACEs work. The following two figures display 1) the five main categories of partners identified, and 2) the specific partners mentioned within those broader categories.

Figure 12. Can you identify any key community partners that are missing from the ACEs work?

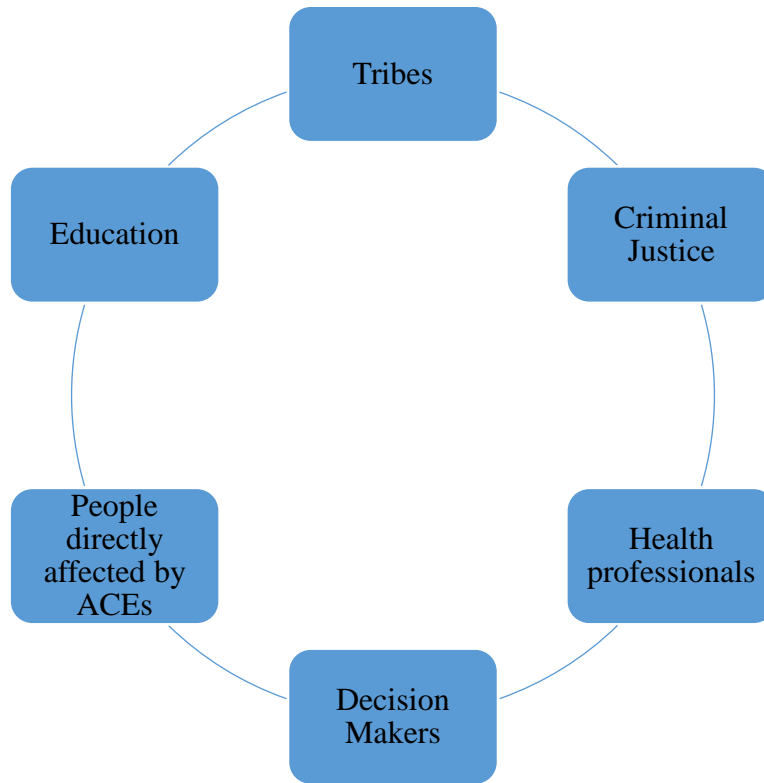


Figure 13. Specific Key Community Partners Missing from ACEs Work

Key Partners	Specific Partner Mentioned
Tribes	Northern California Indian Development Council
	Individual tribes
	ITEPP
	United Indian Health Services
Education	Teachers (both K-12 and college-level)
	HSU master social work program
	Individual schools (elementary, high school & alternative)
People directly affected by ACEs	Children with ACEs
	Parents with ACEs
Decision Makers	Board of Supervisors
	Other elected officials
Health Professionals	Substance abuse counselors
	Mental health and CWS systems
	Medical community-pediatricians, doctors, health care practitioners
Criminal Justice	Judges, lawyers who work with families
	Law enforcement
	First responders

Conclusions

Interviewees agreed that the topic of ACEs and resilience is important and expressed an urgency to address it. Interviewees also had common knowledge around the research base for ACEs and for what constitutes an ACE. While some interviewees identified additional adverse experiences that can affect children, the ACEs research only clearly links the ten ACEs included in the CDC-Kaiser study with poor health outcomes later in life.

Using the lenses of the social ecological model and the spectrum of prevention, interviewees reported the bulk of ACEs work occurring an individual level. Both the social ecological model and the spectrum of prevention assert that complex public health problems require a range of approaches that address all levels of these models.

Interviewees indicated a shared desire to “de-silo” ACEs work and enhance partnerships to achieve shared outcomes around the prevention and mitigation of ACEs. Interviewees expressed the desire to see more systems change and policy work in this area. Additionally, interviewees felt there was a need to engage the broader community in education and strategies to build community-level resilience.

Recommendations

These recommendations are based on input from key informant interviewees.

Explore cross-pollination of current ACEs efforts; “de-silo” efforts.

Stakeholders expressed a desire to see current ACEs work “de-siloed” and more information about ACEs-related efforts being shared across agencies. Stakeholders felt that there was a lack of knowledge about what everyone is doing that relates to ACEs and a lack of coordination across agencies and organizations that work with children and families.

Develop and implement strategies to meaningfully engage the larger community in ACEs work.

Interviewees repeatedly spoke to the need to educate the larger community around ACEs work. Current ACEs work did not contain a strong focus on educating the community (see Figures 7-9). As is referenced in Figures 12 & 13, interviewees felt that there were six sectors that were missing from the ACEs work: tribes, educators, people directly affected by ACEs, decision-makers, health professionals, and the criminal justice system.

Identify programs and strategies that build resilience; identify gaps and opportunities to help families and youth prevent and overcome ACEs.

Building resilience is a key component in preventing and mitigating the impact of ACEs on Humboldt County residents. Interviewees mentioned the need to assess what we are currently

“We put all this energy towards substance abuse treatment or towards the criminal justice system...those are all just symptoms and reflections of underlying/untreated trauma.”

- Interviewee

doing to build resilience and protective factors in children and families so that we can identify gaps and opportunities to build up program/strategies that are proven to be successful.

**Clarify shared common goals, shared benchmarks and indicators related to ACEs.
Improve data collection around ACEs-specific data.**

Many interviewees spoke of the need to collect better data to measure the impact of work related to ACEs. Interviewees wanted to see more measurement of shared outcomes and more shared benchmarks and indicators across agencies. One interviewee mentioned the Philadelphia ACE Project (www.philadelphiaaces.org) as one example of a shared community-level ACEs movement. In 2014 the Health Federation of Philadelphia worked with their 24 member organizations to identify four key priorities:

- Educate the community about ACEs, trauma, and resilience
- Understand the practical interventions presently utilized in Philadelphia to address childhood trauma and adversity
- Prepare the workforce with the information and skills needed to incorporate trauma-informed practices into their work.
- Utilize the Philadelphia Expanded ACE Data to better understand the impact of community-level adversities

Other communities have grappled with similar issues and have developed community-level approaches.

1. States: Arizona, Iowa, Maine
2. Large Cities: Philadelphia Pennsylvania; Camden, New Jersey, and Alberta, Canada
3. Smaller Cities: The Dalles, Oregon; Walla Walla, Washington; Tarpon Springs, Florida

Deepen efforts across the spectrum of prevention and the socio-ecological model with a focus on moving towards more systems change and policy-level work.

While many of the organizations were engaged in individual-level work to prevent and mitigate the impact of ACEs on Humboldt County residents, there were fewer efforts focused at the public policy and legislative levels.

Interviewees posed key questions to be considered around the above recommendations.

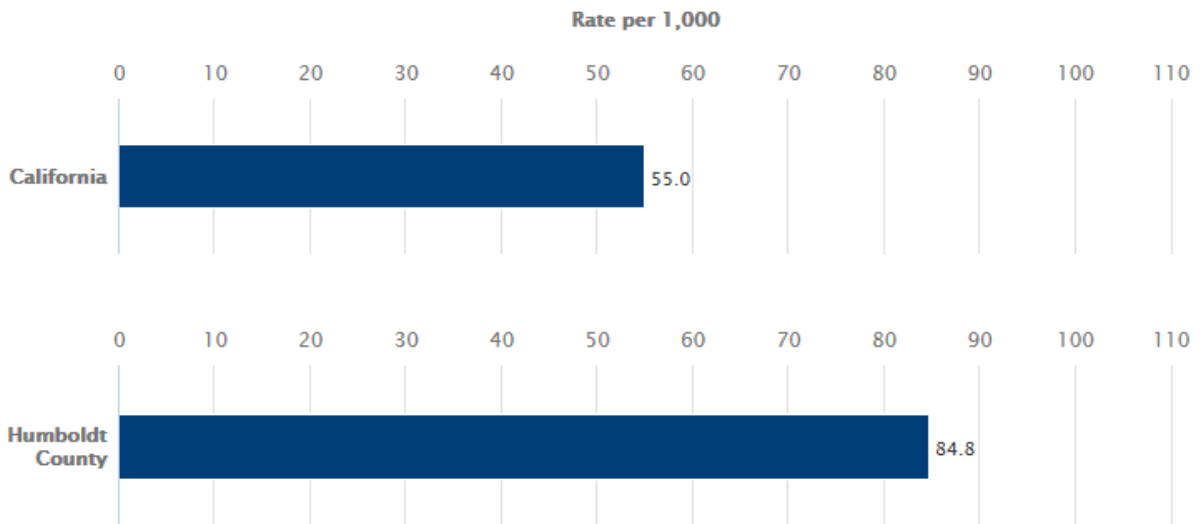
- Who will take responsibility for moving system change work forward?
- Should the backbone for this work be one entity or should it be a collaborative of sorts?
- There are a lot of groups doing great work. How do we be more organized and make more of an impact?

Secondary Data Scan

The secondary data scan was conducted by Jessica Smith, a research assistant with CCRP. The scan includes the ten original ACEs indicators as well as additional indicators that were prioritized by key informant interviewees and members of NCGP. The research link between high numbers of ACEs and negative health outcomes across the life course correlates only to the ten original ACEs indicators.

Some charts indicate “LNE” instead of data. LNE (Low Number Event) refers to data that have been suppressed because either 1) fewer than 30 respondents reported, or 2) the margin of error was 10 percentage points or greater. N/A means that the data was not available. N/R means that data was not reported.

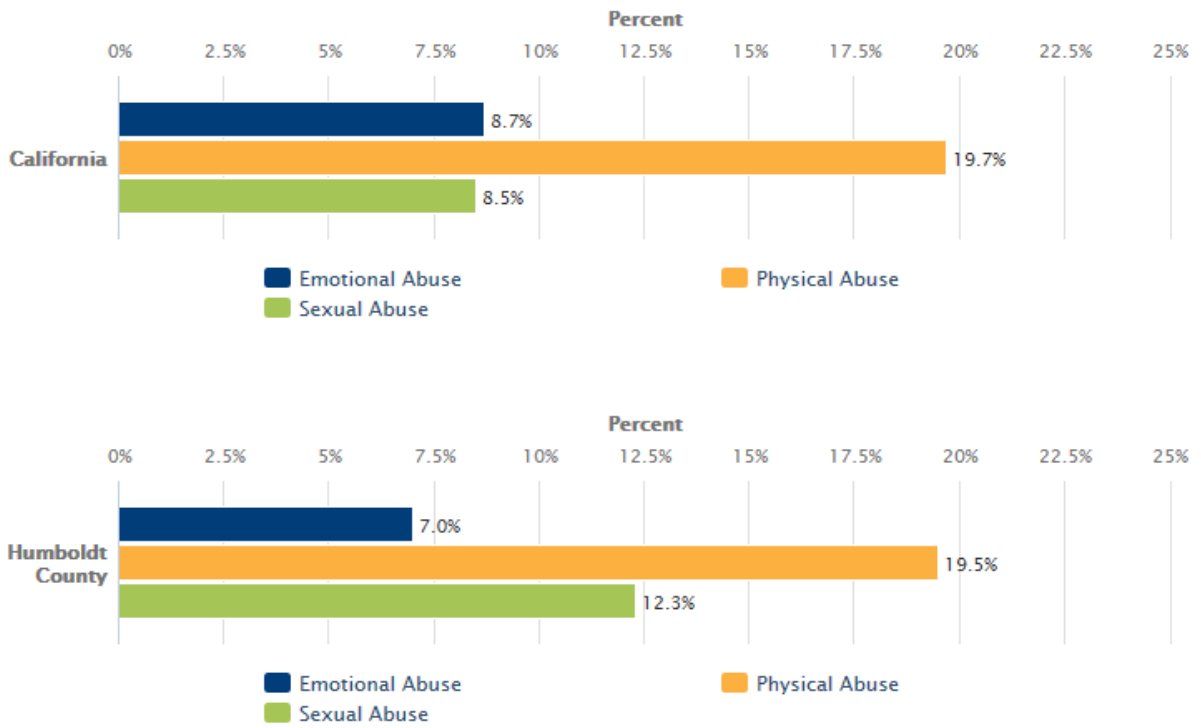
Reports of Child Abuse and Neglect: 2015



Definition: Number of abuse and neglect reports per 1,000 children under age 18 (e.g., in 2015, there were 55 child abuse and neglect reports per 1,000 California children).

Data Source: [As cited on kidsdata.org](#), Webster, D., et al. California Child Welfare Indicators Project Reports, U.C. Berkeley Center for Social Services Research (Jun. 2016).

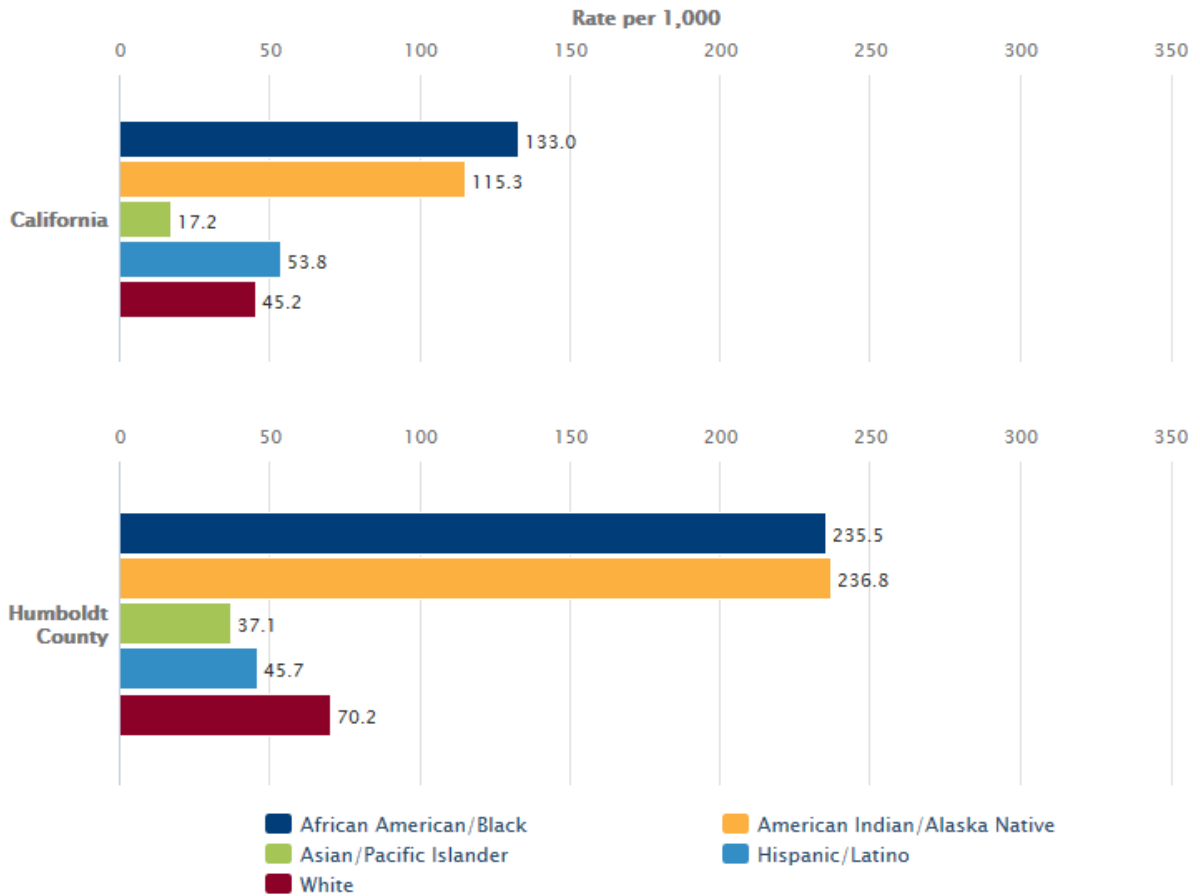
Reports of Child Abuse and Neglect, by Type of Abuse: Emotional, Physical, and Sexual Abuse. 2015



Definition: Percentage of abuse and neglect reports for children under age 18, by type of abuse (e.g., in 2015, 19.7% of child abuse and neglect reports in California were allegations of physical abuse).

Data Source: [As cited on kidsdata.org](https://kidsdata.org), Webster, D., et al. California Child Welfare Indicators Project Reports, U.C. Berkeley Center for Social Services Research (Jun. 2016).

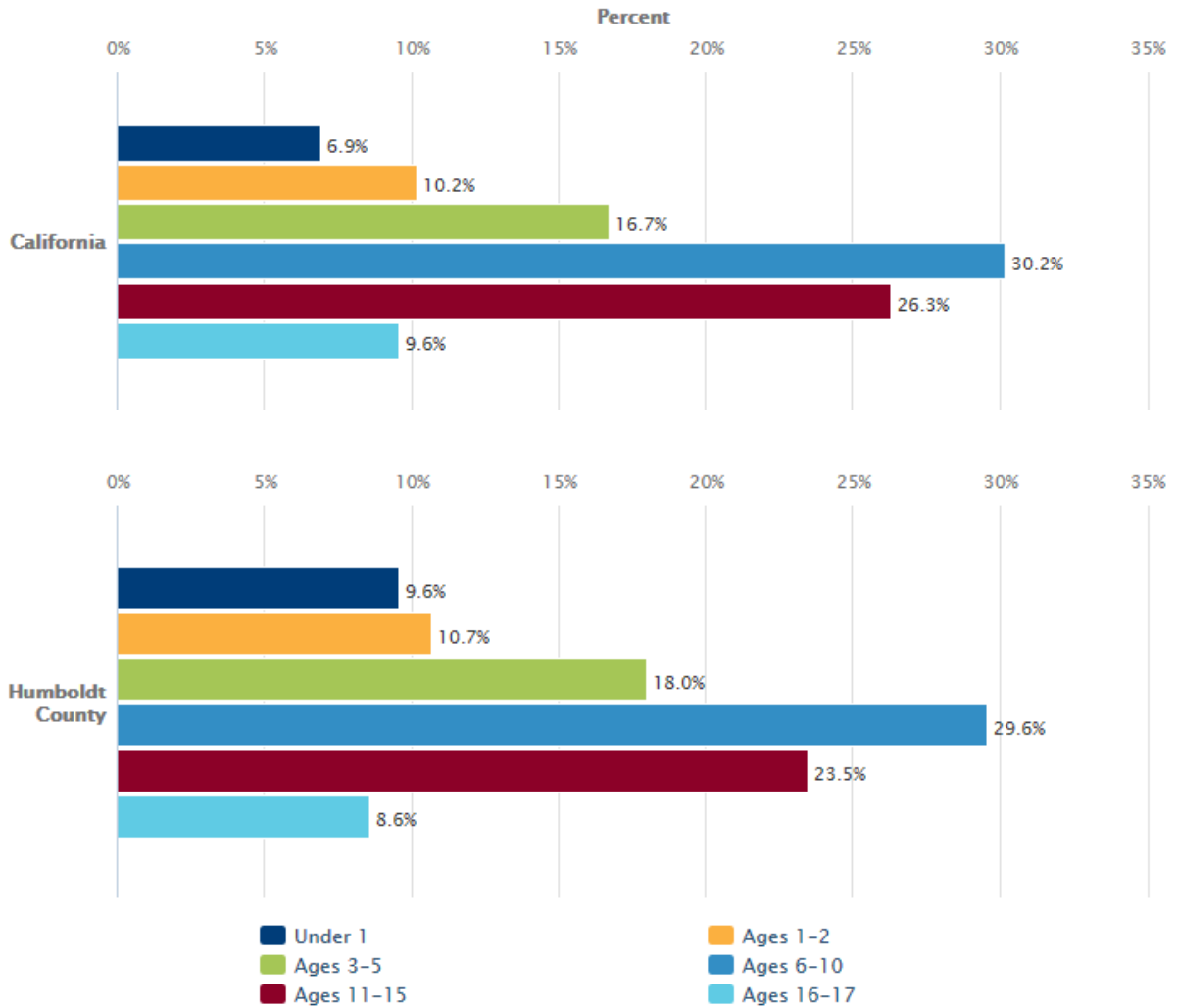
Reports of Child Abuse and Neglect, by Race/Ethnicity: 2015



Definition: Number of abuse and neglect reports per 1,000 children under age 18, by race/ethnicity (e.g., in 2015, there were 53.8 reports of child abuse and neglect per 1,000 Hispanic/Latino children in California).

Data Source: [As cited on kidsdata.org](#), Webster, D., et al. California Child Welfare Indicators Project Reports, U.C. Berkeley Center for Social Services Research (Jun. 2016).

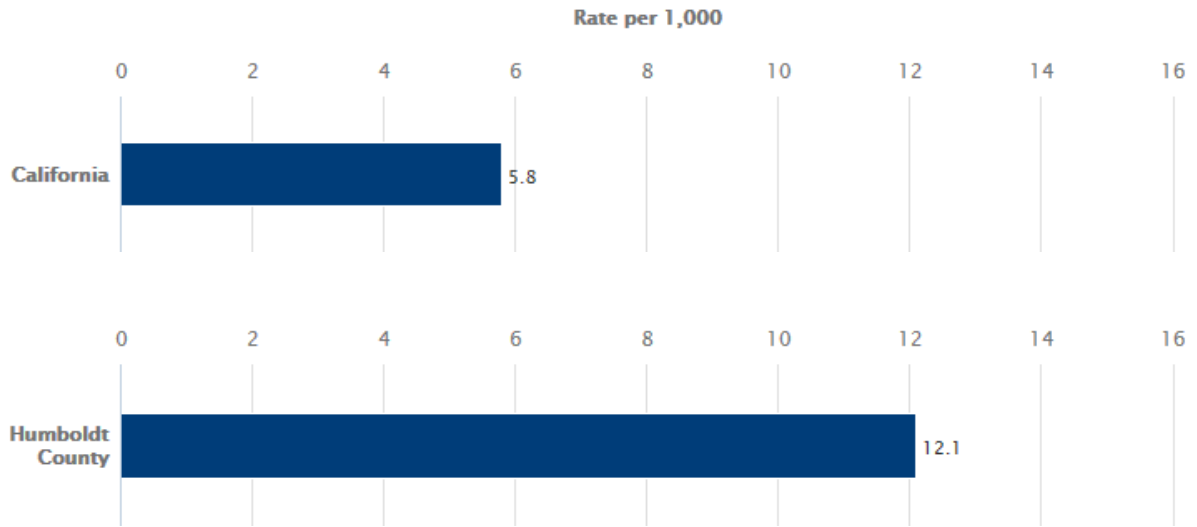
Reports of Child Abuse and Neglect, by Age: 2015



Definition: Percentage of child abuse and neglect reports, by age of child (e.g., in 2015, 10.2% of abuse and neglect reports in California concerned children ages 1-2).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), Webster, D., et al. California Child Welfare Indicators Project Reports, U.C. Berkeley Center for Social Services Research (Jun. 2016).

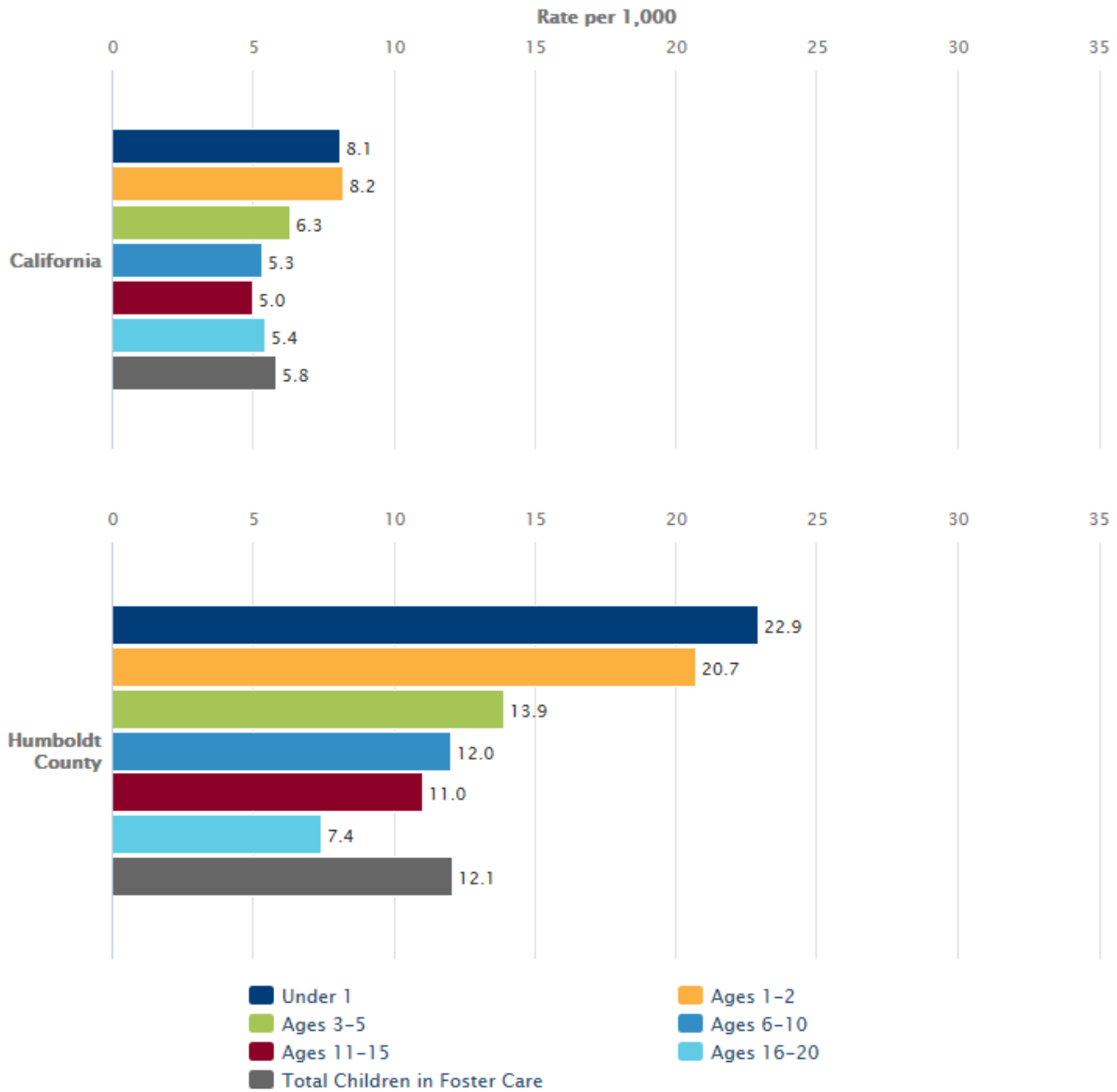
Children in Foster Care: 2015



Definition: Number of children and youth under age 21 in foster care per 1,000 on July 1 of each year (e.g., 5.8 per 1,000 California children/youth were in foster care on July 1, 2015).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research (Jun. 2016); Annie E. Casey Foundation, KIDS COUNT Data Center (Jul. 2016).

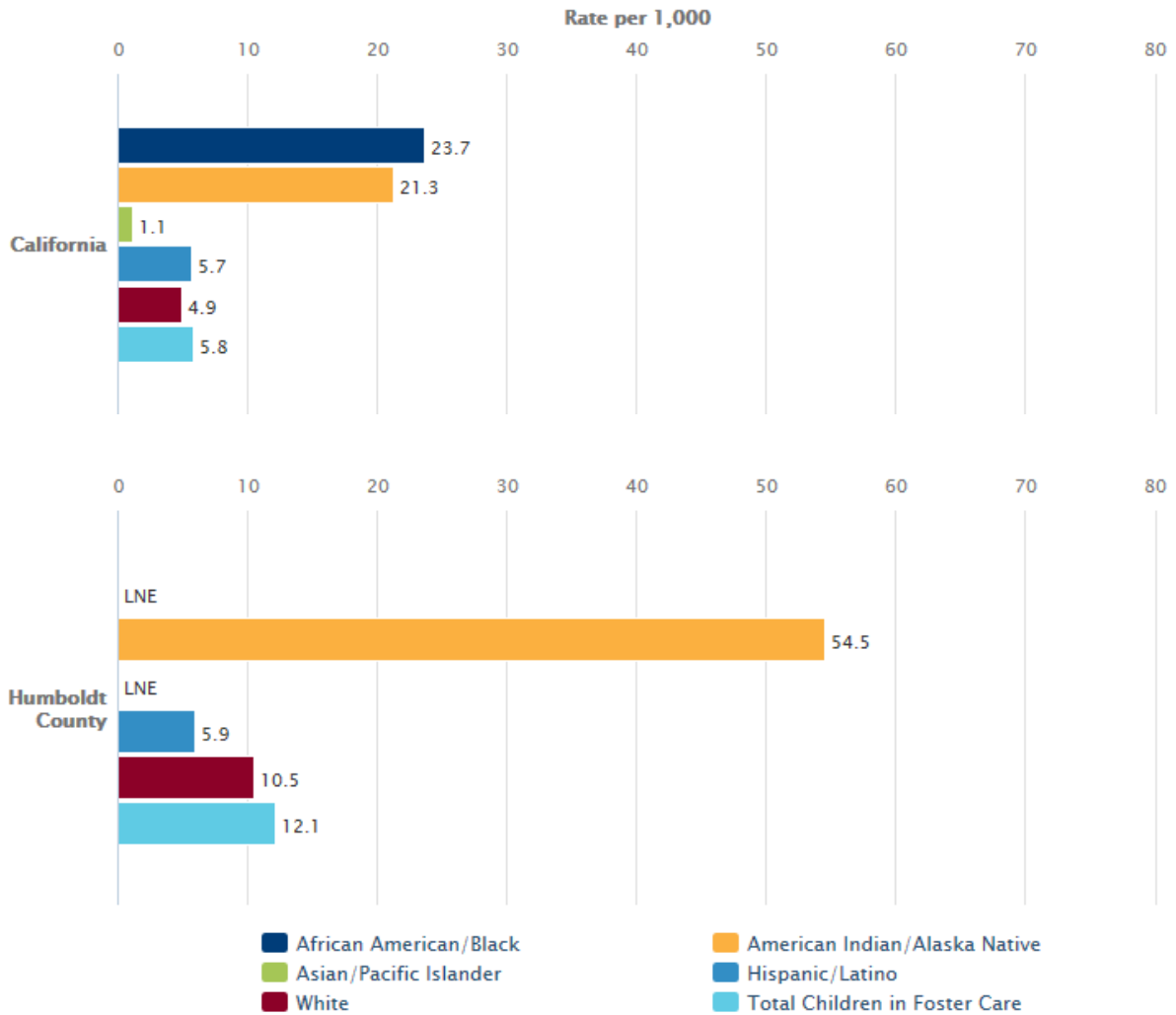
Children in Foster Care, by Age: 2015



Definition: Number of children/youth under age 21 in foster care per 1,000 on July 1 of each year, by age group (e.g., 8.1 per 1,000 California children under age 1 were in foster care on July 1, 2015).

Data Source: [As cited on kidsdata.org](#), Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research (Jun. 2016); Annie E. Casey Foundation, KIDS COUNT Data Center (Jul. 2016).

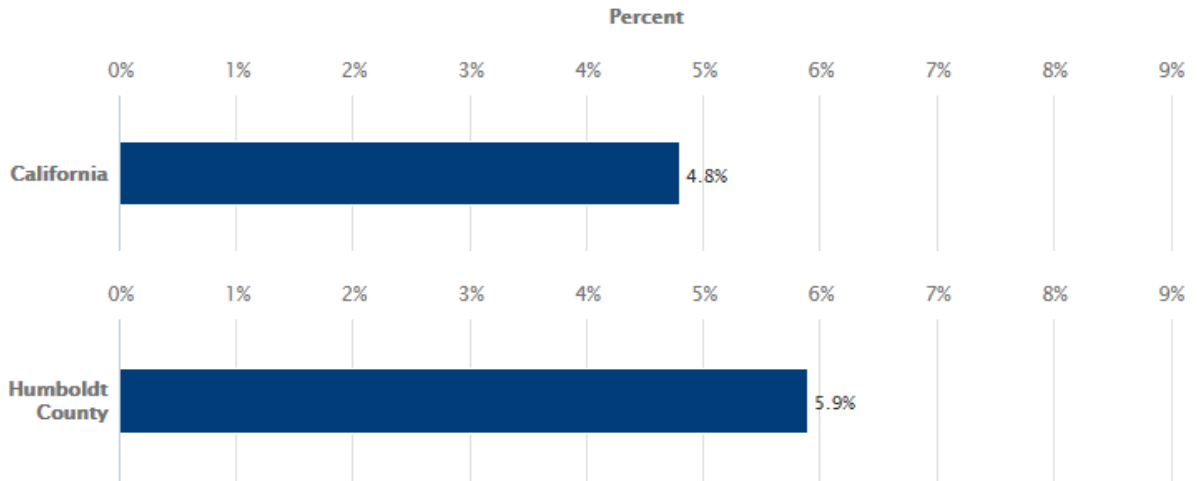
Children in Foster Care, by Race/Ethnicity: 2015



Definition: Number of children/youth under age 21 in foster care per 1,000 on July 1 of each year, by race/ethnicity (e.g., 5.7 per 1,000 Hispanic/Latino children/youth in California were in foster care on July 1, 2015).

Data Source: [As cited on kidsdata.org](https://kidsdata.org), Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research (Jun. 2016); Annie E. Casey Foundation, KIDS COUNT Data Center (Jul. 2016).

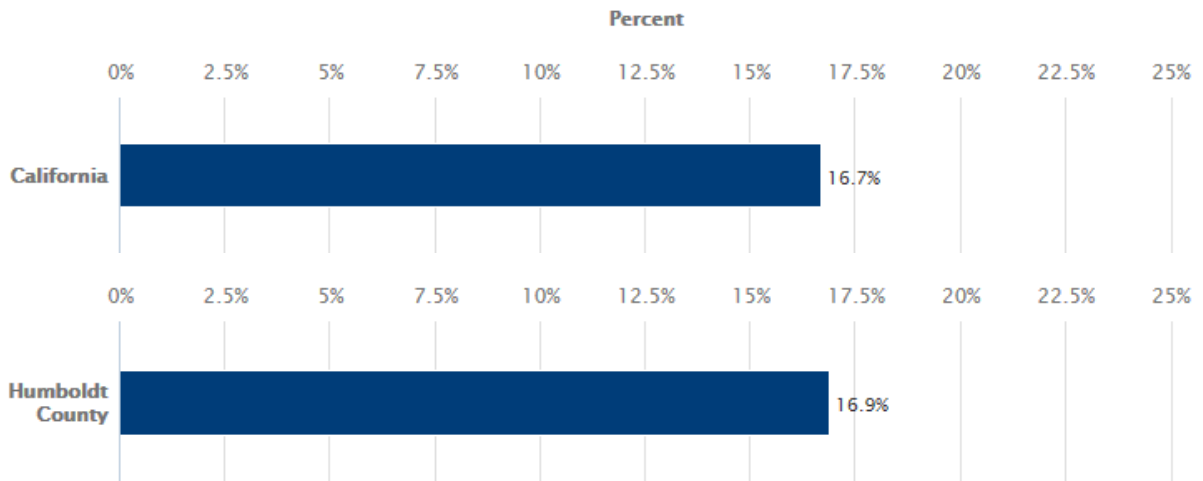
Homeless Public School Students: 2014



Definition: Percentage of public school enrollees who were recorded as being homeless at any point during the school year.

Data Source: [As cited on kidsdata.org](#), Special Tabulation by the Homeless Education Program in the School Turnaround Office at the California Department of Education (Jan. 2015); California Dept. of Education, California Basic Educational Data System (CBEDS), DataQuest (Oct. 2014).

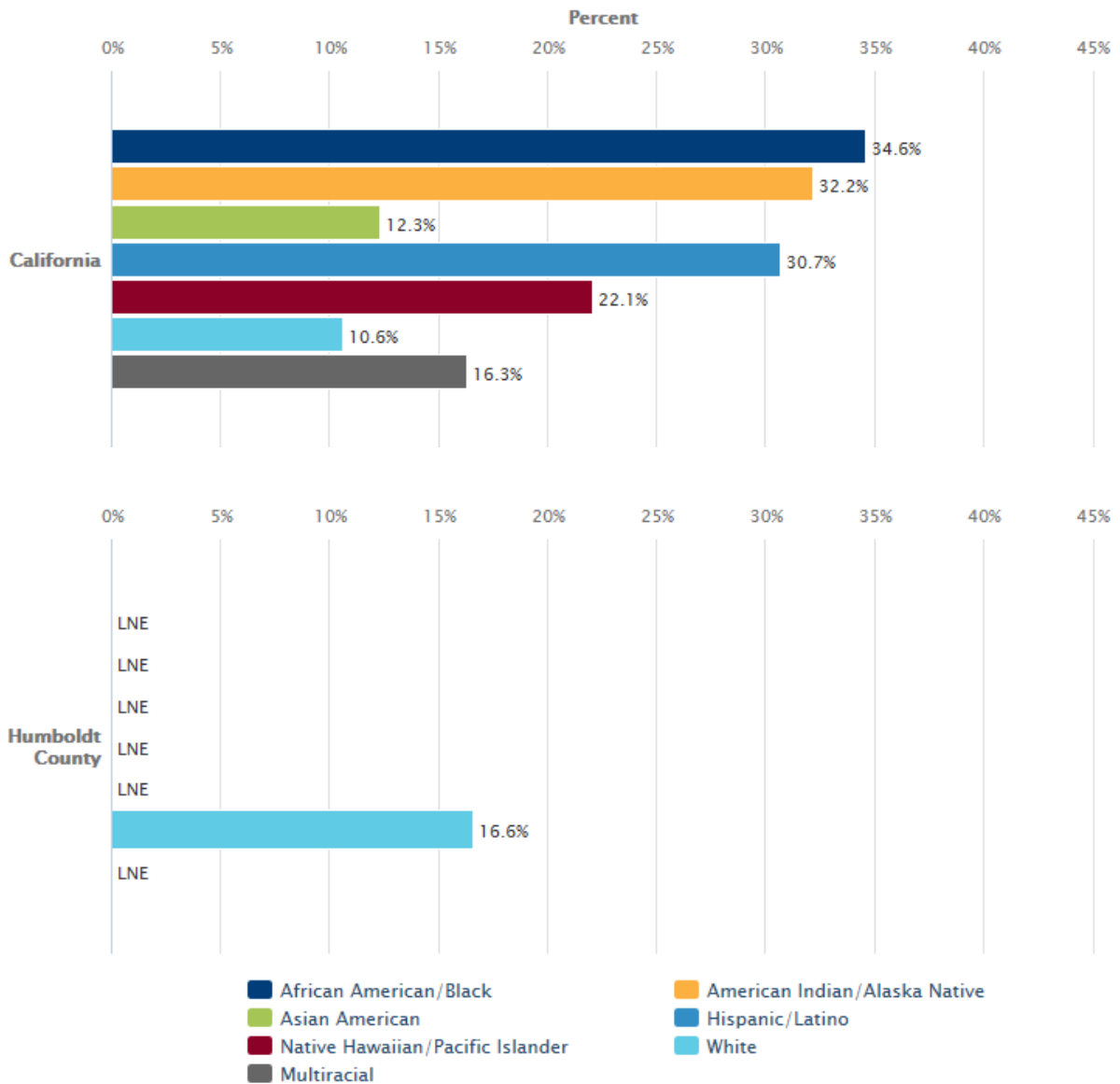
Children Living in Areas of Concentrated Poverty: 2010-2014



Definition: Estimated percentage of children ages 0-17 living in census tracts where 30% or more of the population is living below the Federal Poverty Level (e.g., in 2010-2014, an estimated 16.7% of California children lived in areas of concentrated poverty). The Federal Poverty Level was \$24,008 for a family of two adults and two children in 2014.

Data Source: [As cited on kidsdata.org](#), U.S. Census Bureau, American Community Survey; Annie E. Casey Foundation, KIDS COUNT Data Center (Jan. 2016).

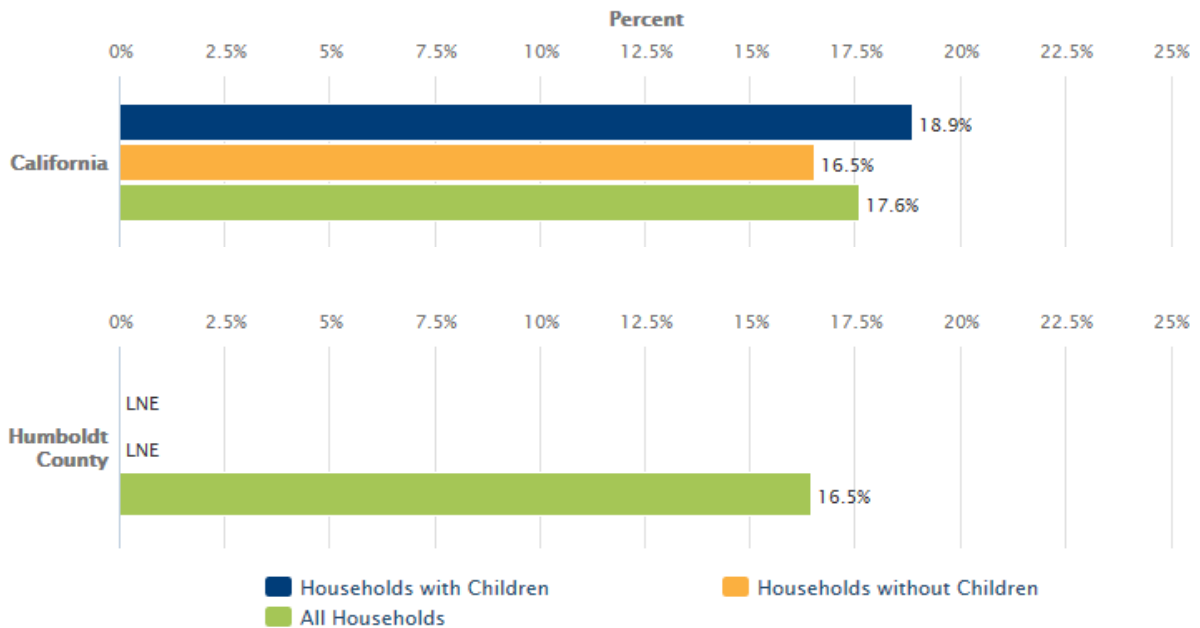
Children in Poverty (Regions of 10,000 Residents or More), by Race/Ethnicity: 2010-2014



Definition: Estimated percentage of children ages 0-17 living in families with incomes below the federal poverty level, by race/ethnicity (e.g., in 2010-2014, 34.6% of African American/black children in California lived in poverty). The Federal Poverty Level was \$24,008 for a family of two adults and two children in 2014.

Data Source: [As cited on kidsdata.org](http://kidsdata.org), U.S. Census Bureau, American Community Survey (Dec. 2015).

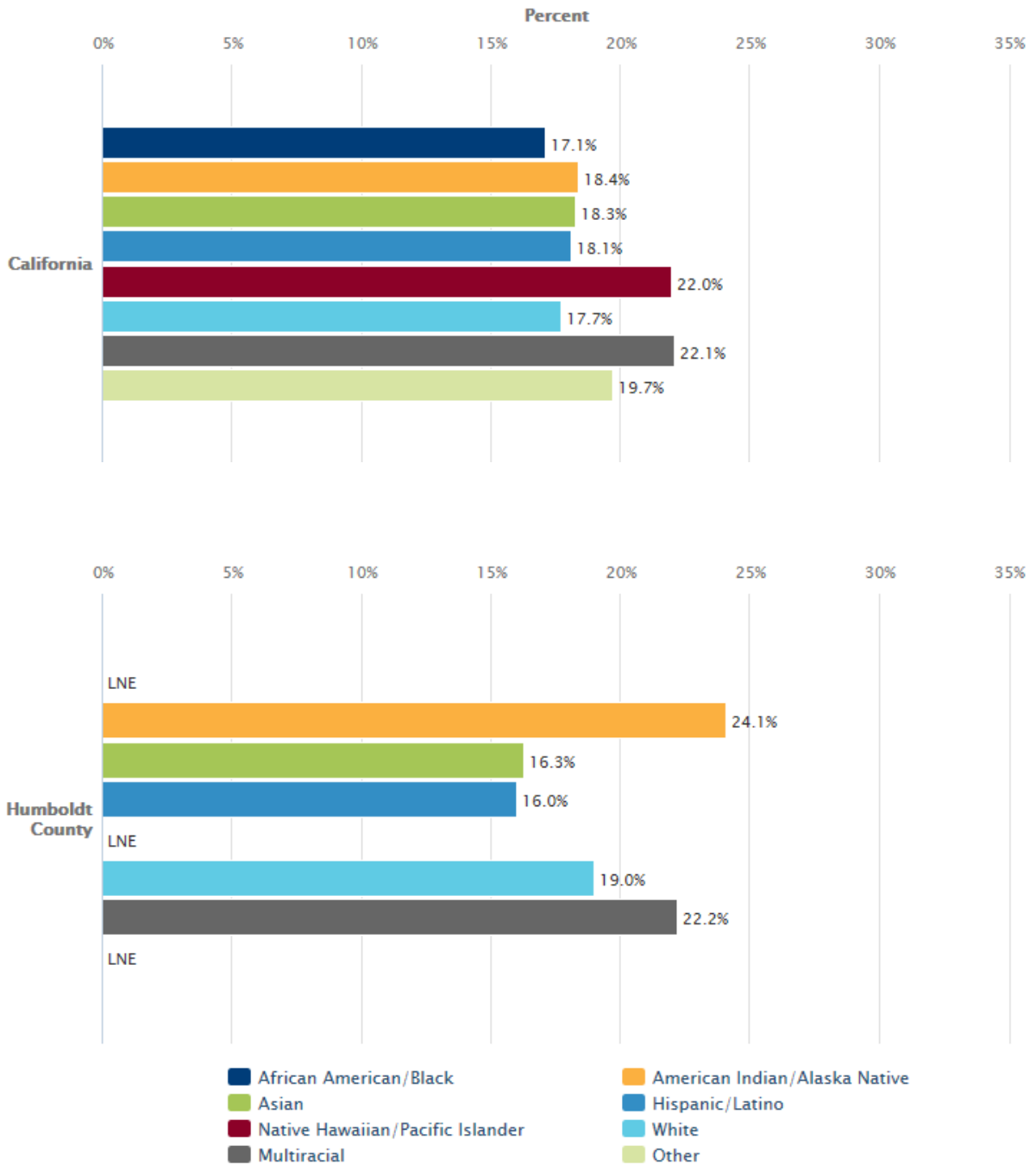
Witnessed Domestic Violence (Adult Retrospective): 2008-2013



Definition: Estimated percentage of adults 18 and older who before age 18 lived in a home in which their parents or other adults hit, punched or beat each other up (e.g., among California adults in households with children in 2008-2013, an estimated 18.9% had lived in a home in which their parents or other adults hit, punched or beat each other up).

Data Source: [As cited on kidsdata.org](https://kidsdata.org), Rodriguez, D., et al. (2016). Prevalence of adverse childhood experiences by county, California Behavioral Risk Factor Surveillance System 2008, 2009, 2011, and 2013. Public Health Institute, Survey Research Group.

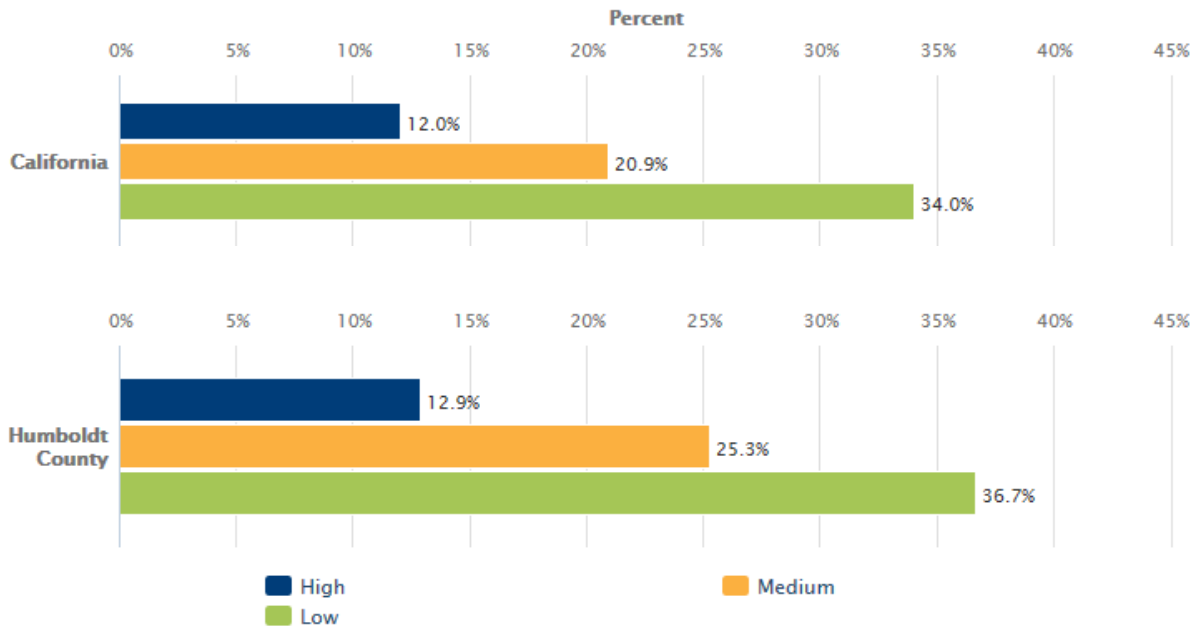
Suicidal Ideation (Student Reported), by Race/Ethnicity: 2011-2013



Definition: Percentage of public school students in grades 9, 11, and non-traditional students who reported seriously considering attempting suicide in the past 12 months, by race/ethnicity.

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

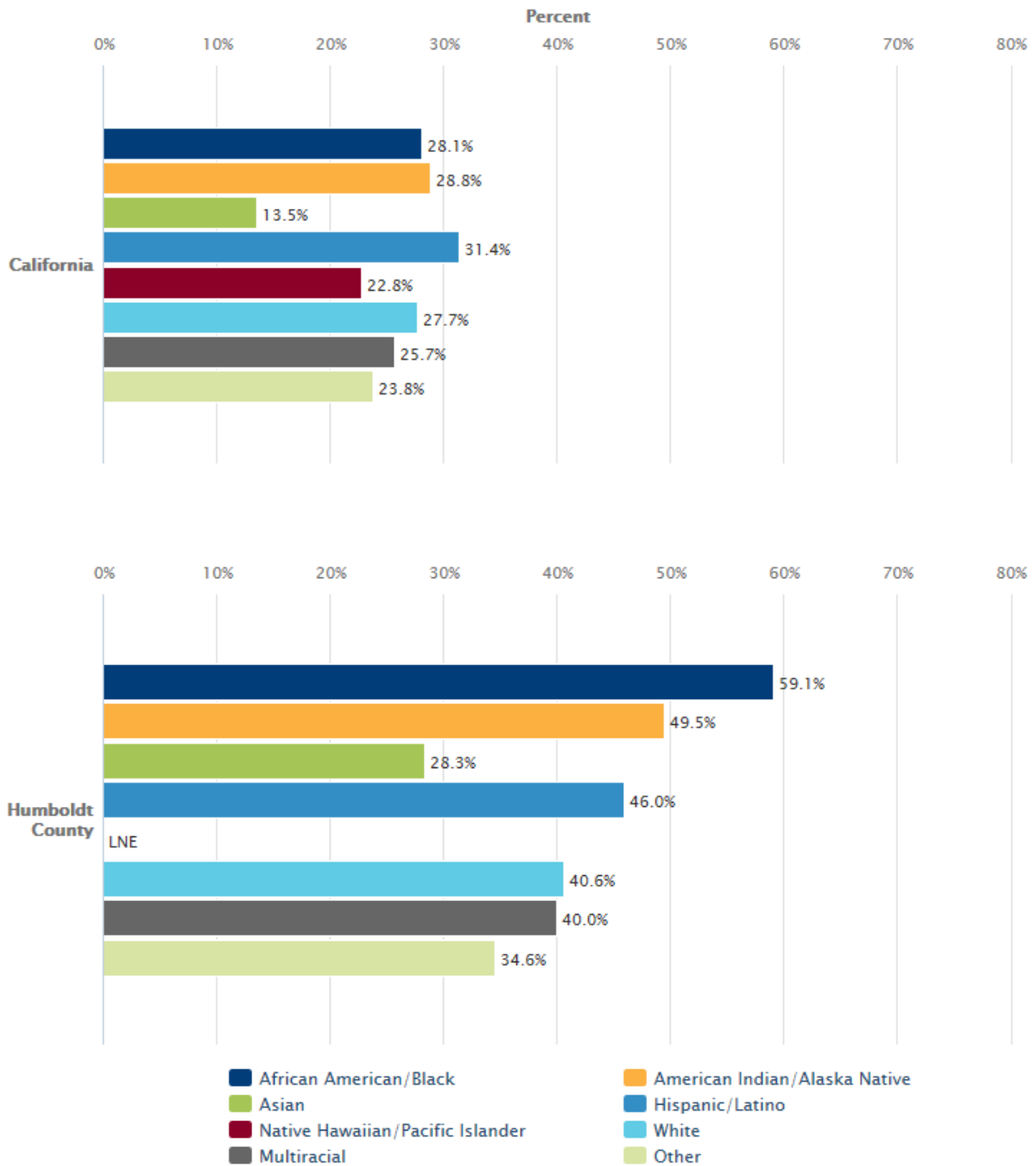
Suicidal Ideation (Student Reported), by Level of Connectedness to School: 2011-2013



Definition: Percentage of public school students in grades 9, 11, and non-traditional students who reported seriously considering attempting suicide in the past year, by level of connectedness to school (e.g., in 2011-13, 34% of students in grades 9, 11, and non-traditional students in California public schools with low levels of school connectedness reported that they seriously considered attempting suicide in the past year).

Data Source: [As cited on kidsdata.org](https://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

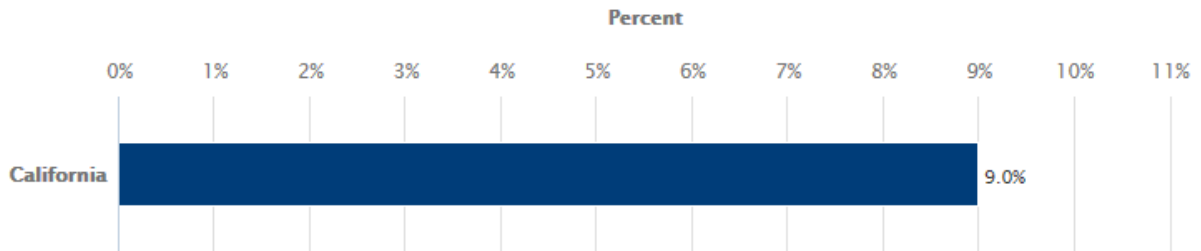
Alcohol/Drug Use in Past Month (Student Reported), by Race/Ethnicity: 2011-2013



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting whether they used alcohol or any illegal drug (excluding tobacco) in the past 30 days, by race/ethnicity.

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

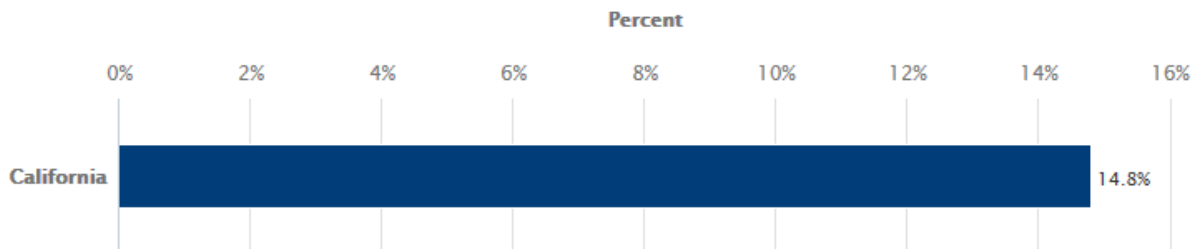
Parental Legal Trouble or Incarceration (Maternal Retrospective): 2011-2012



Definition: Estimated percentage of women with a live birth who before age 14 had a parent or guardian who got in trouble with the law or went to jail (e.g., an estimated 9% of California women with a live birth in 2011-2012 had a parent or guardian who got in trouble with the law or went to jail).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Public Health, Maternal, Child and Adolescent Health (MCAH) Program, & University of California, San Francisco, Center on Social Disparities in Health, Maternal and Infant Health Assessment (MIHA) Survey (Jun. 2016).

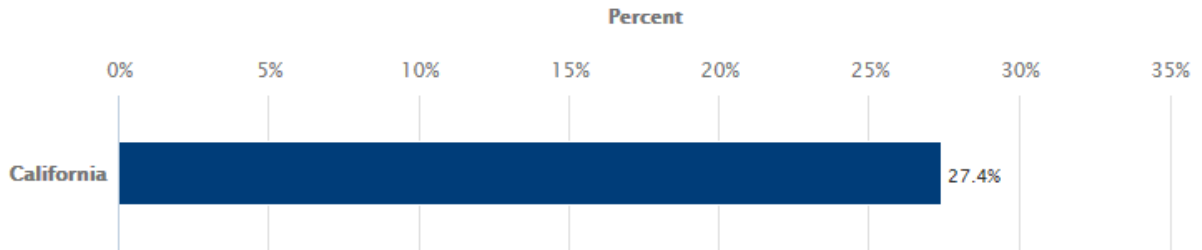
Parental Drinking or Drug Problem (Maternal Retrospective): 2011-2012



Definition: Estimated percentage of women with a live birth who before age 14 lived with a parent or guardian who had a serious drinking or drug problem (e.g., an estimated 14.8% of California women with a live birth in 2011-2012 had lived with a parent or guardian who had a serious drinking or drug problem).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Public Health, Maternal, Child and Adolescent Health (MCAH) Program, & University of California, San Francisco, Center on Social Disparities in Health, Maternal and Infant Health Assessment (MIHA) Survey (Jun. 2016).

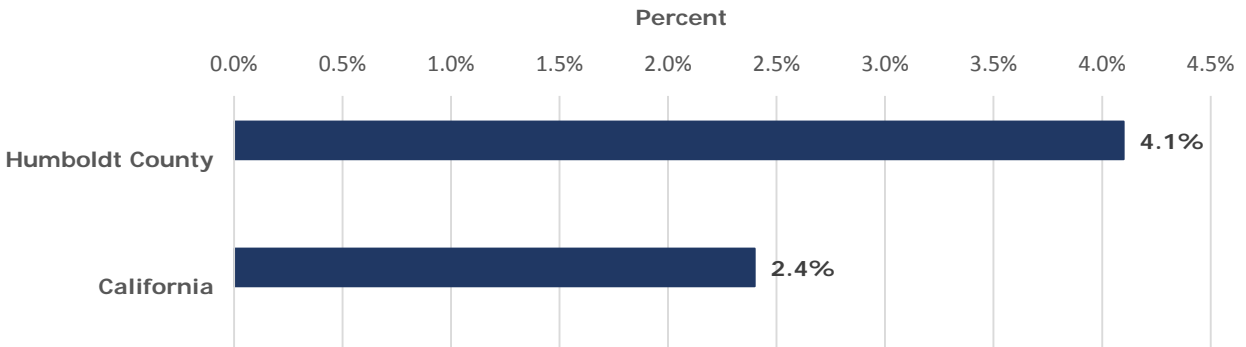
Parental Divorce or Separation (Maternal Retrospective): 2011-2012



Definition: Estimated percentage of women with a live birth who before age 14 lived with a parent or guardian who got divorced or separated (e.g., an estimated 27.4% of California women with a live birth in 2011-2012 had lived with a parent or guardian who got divorced or separated).

Data Source: [As cited on kidsdata.org](#), California Department of Public Health, Maternal, Child and Adolescent Health (MCAH) Program, & University of California, San Francisco, Center on Social Disparities in Health, Maternal and Infant Health Assessment (MIHA) Survey (Jun. 2016).

Parental or Guardian Death: 2011/2012

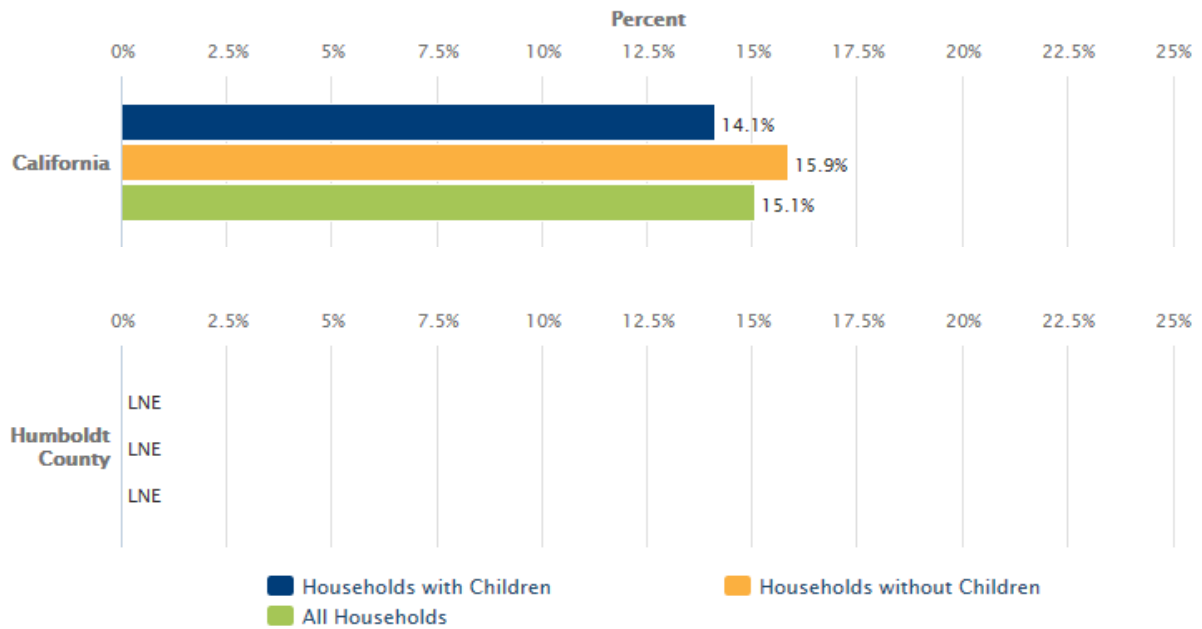


Definition: Percentage of children age 0-17 years who have lived with a parent who died since he/she was born.

Data Source (Humboldt): Child and Adolescent Health Measurement Initiative. "Local Area Profile-California". 2011/12 National Survey of Children's Health and 2008-2012 American Community Survey. Data Resource Center for Child and Adolescent Health, Johns Hopkins Bloomberg School of Public Health. <http://www.childhealthdata.org/development/local-area-profile>.

Data Source (California): National Survey of Children's Health. NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. www.childhealthdata.org.

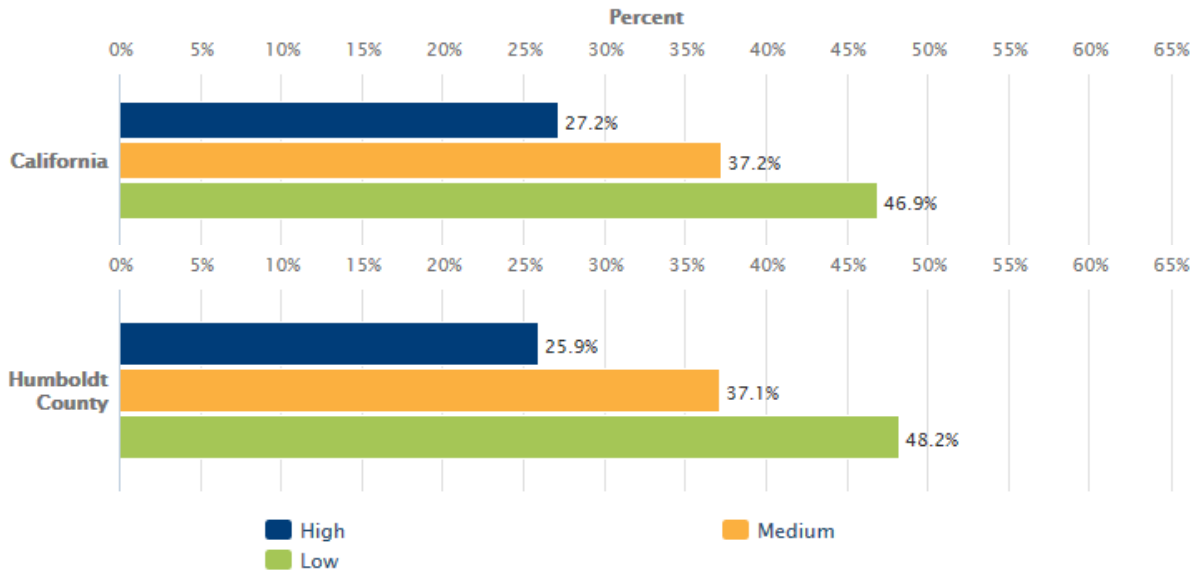
Household Member Was Depressed, Mentally Ill, or Suicidal (Adult Retrospective): 2008-2013



Definition: Estimated percentage of adults 18 and older who before age 18 lived with someone who was depressed, mentally ill, or suicidal (e.g., among California adults in households with children in 2008-2013, an estimated 14.1% had lived with someone who was depressed, mentally ill, or suicidal).

Data Source: [As cited on kidsdata.org](https://kidsdata.org), Rodriguez, D., et al. (2016). Prevalence of adverse childhood experiences by county, California Behavioral Risk Factor Surveillance System 2008, 2009, 2011, and 2013. Public Health Institute, Survey Research Group.

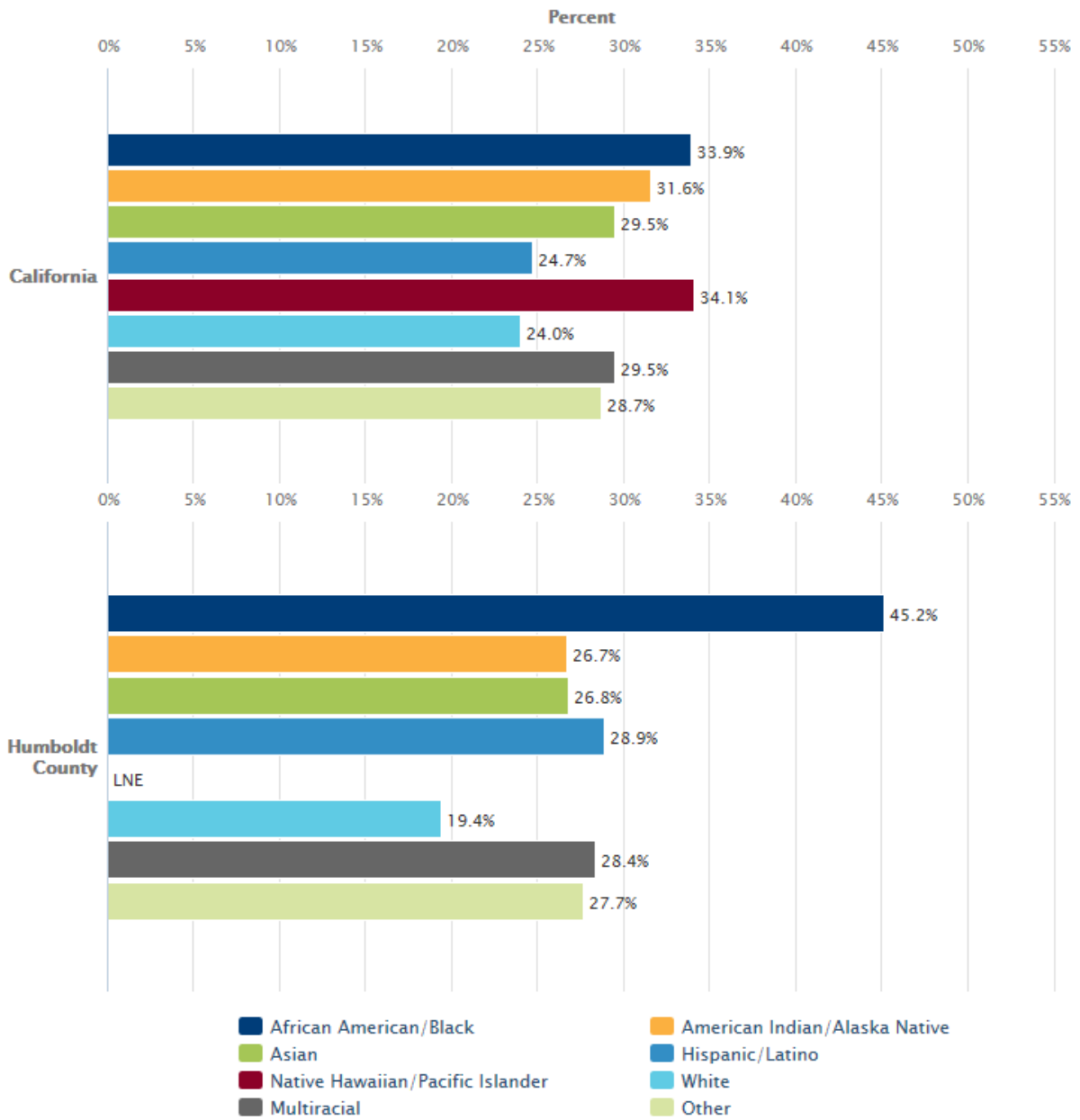
Bullying/Harassment (Student Reported), by Level of Connectedness to School: 2011-2013



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting whether in the past 12 months they have been harassed or bullied at school for any reason, by level of connectedness to school (e.g., in 2011-13, 72.8% of students in grades 7, 9, 11, and non-traditional students in California public schools with high levels of school connectedness reported that they had not been harassed or bullied at school in the past 12 months).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

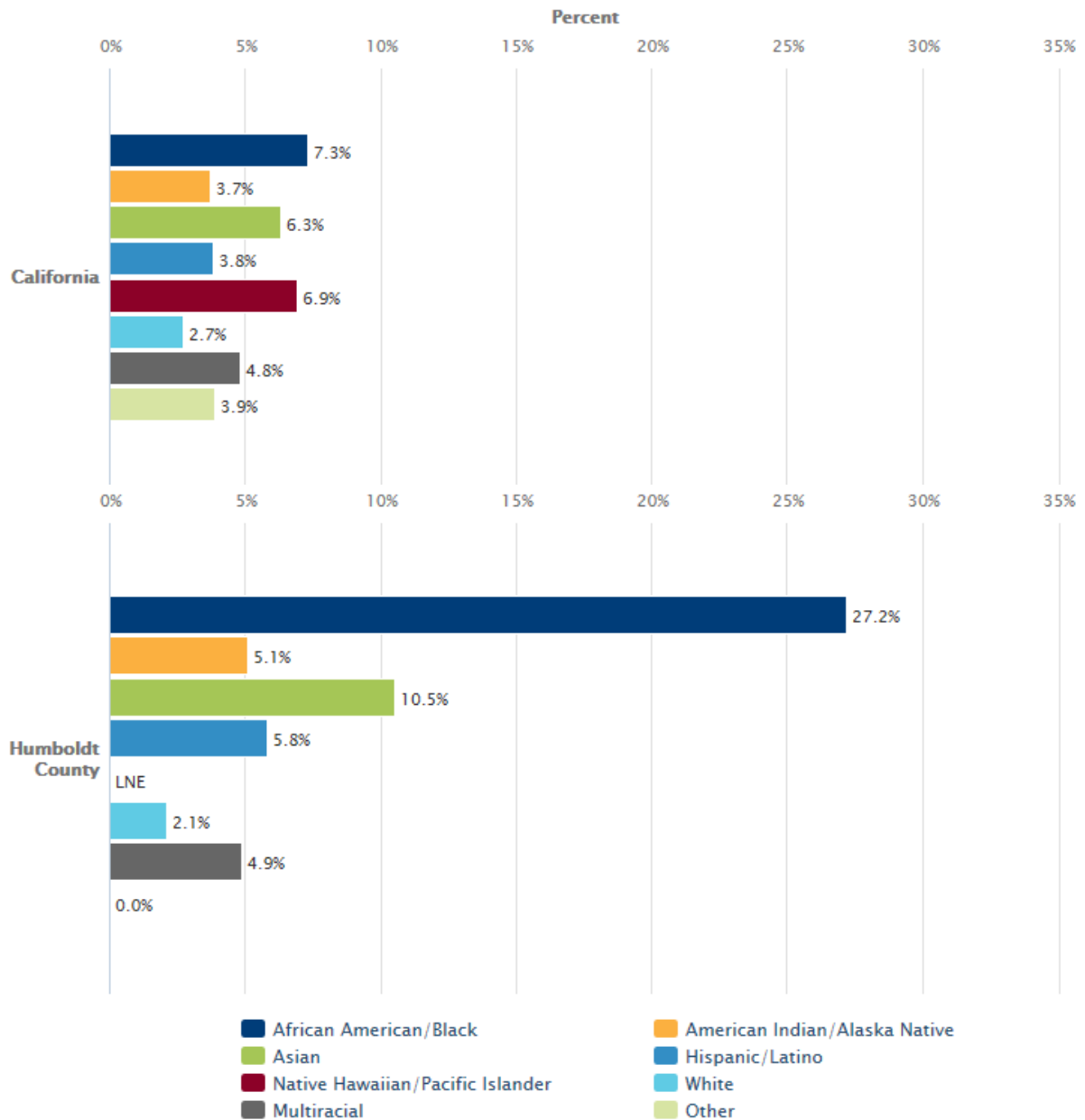
Bullying/Harassment for Bias-Related Reason (Student Reported), by Race/Ethnicity: 2011-2013



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting whether in the past 12 months they have been harassed or bullied at school for any bias-related reason (i.e., on the basis of gender, race/ethnicity or national origin, religion, sexual orientation, or a disability).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

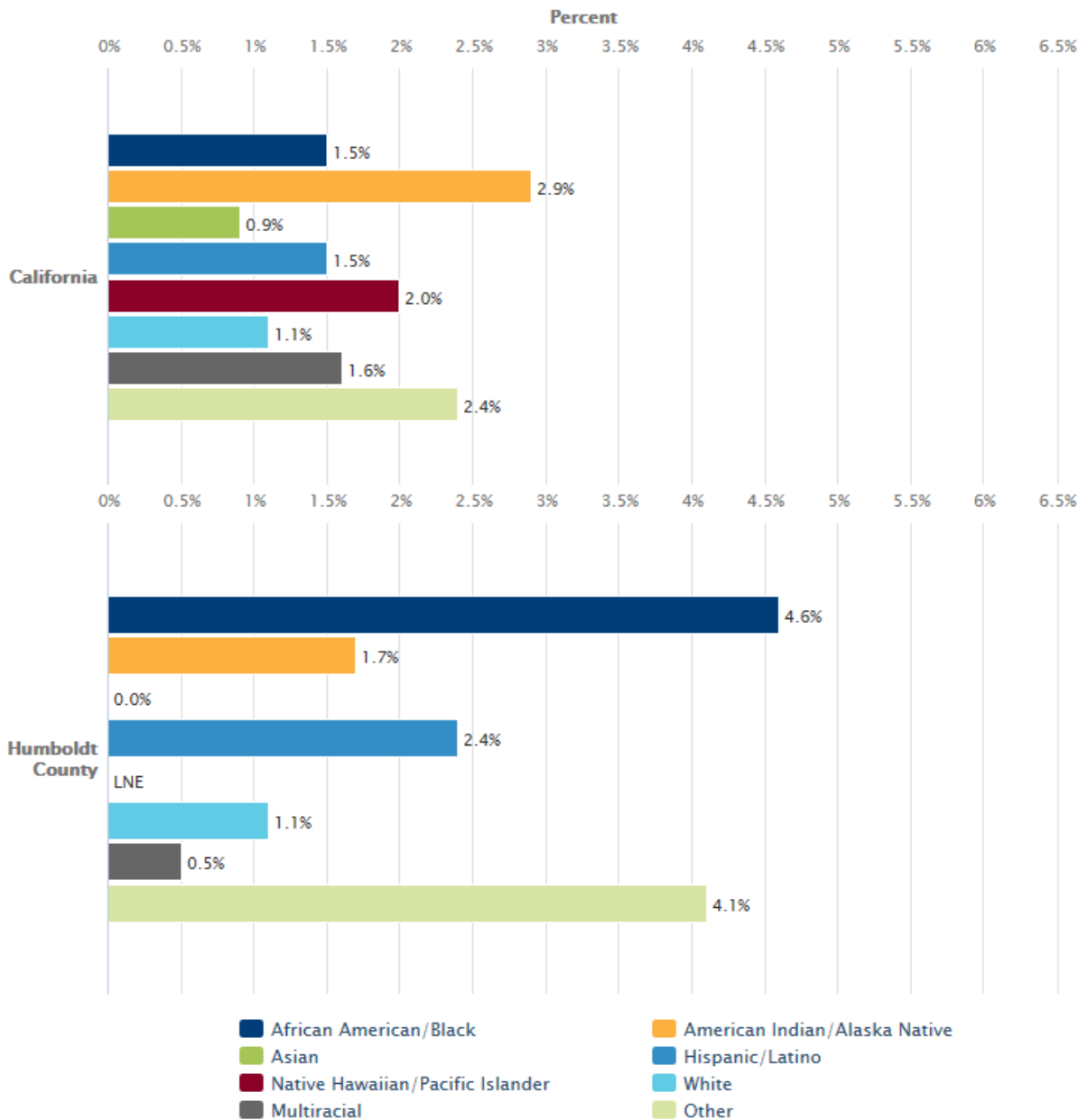
Race or National Origin as Reason for Bullying/Harassment (Student Reported), by Race/Ethnicity: 2011-2013 (Number of Times: 2-3 Times)



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting the number of times in the past 12 months they have been harassed or bullied at school because of their race or national origin, by race/ethnicity.

Data Source: [As cited on kidsdata.org](https://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

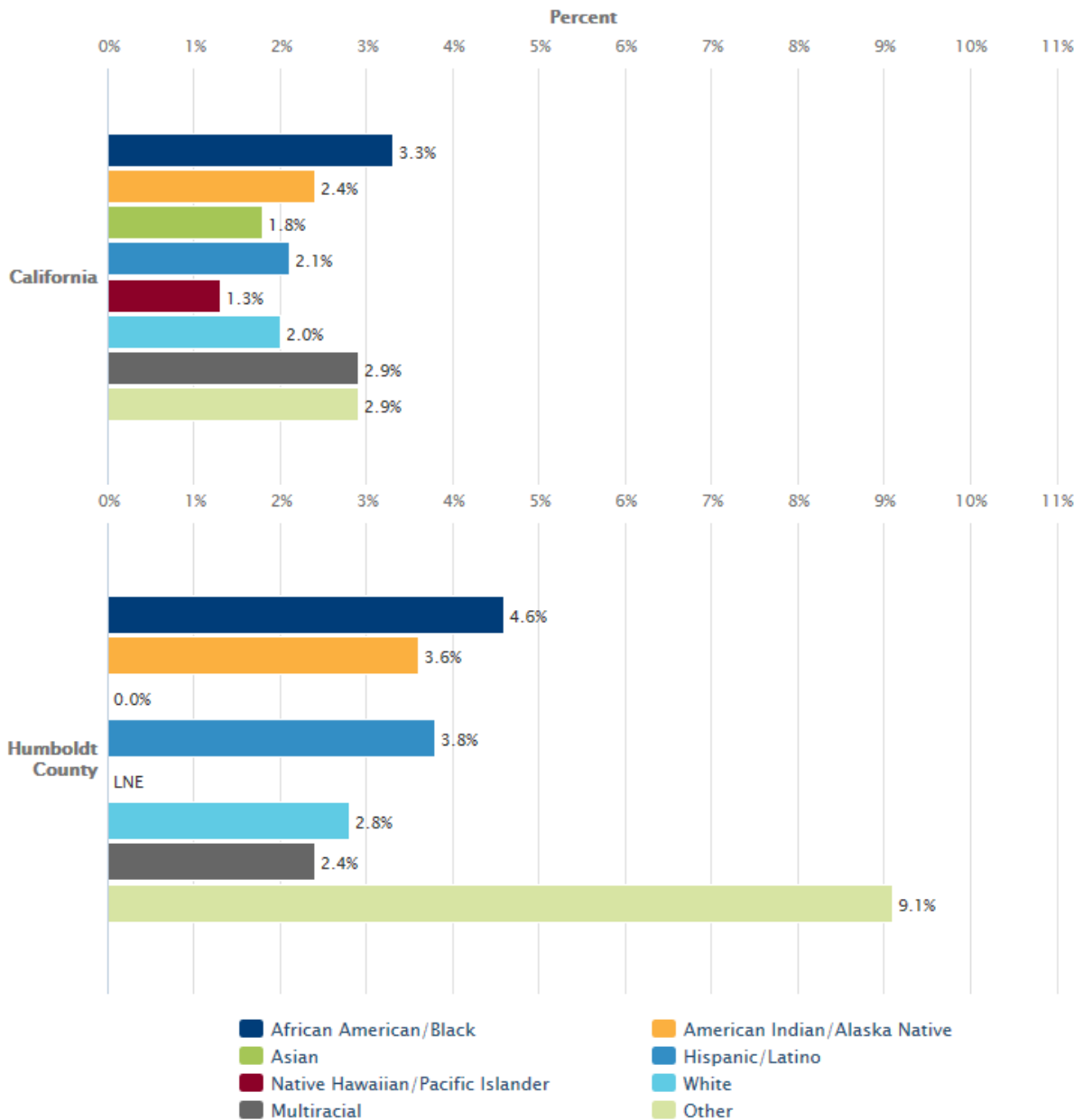
Disability as Reason for Bullying/Harassment (Student Reported), by Race/Ethnicity: 2011-2013 (Number of Times: 2-3 Times)



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting the number of times in the past 12 months they have been harassed or bullied at school because of a disability, by race/ethnicity.

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

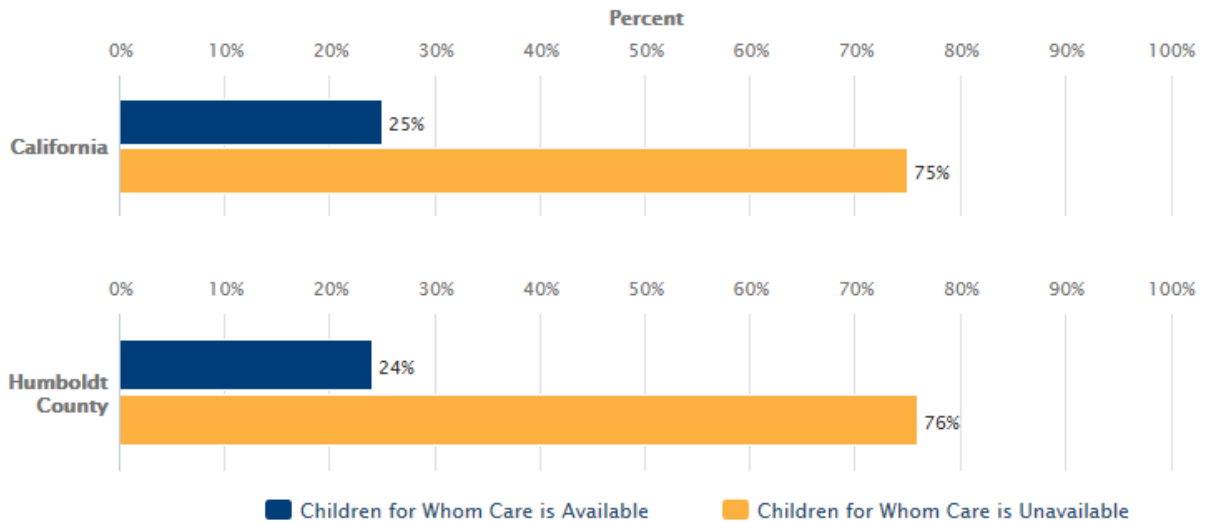
Gender as Reason for Bullying/Harassment (Student Reported), by Race/Ethnicity: 2011-2013 (Number of Times: 2-3 Times)



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting the number of times in the past 12 months they have been harassed or bullied at school because of their gender, by race/ethnicity.

Data Source: [As cited on kidsdata.org](#), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

Availability of Child Care for Children with Working Parents: 2014

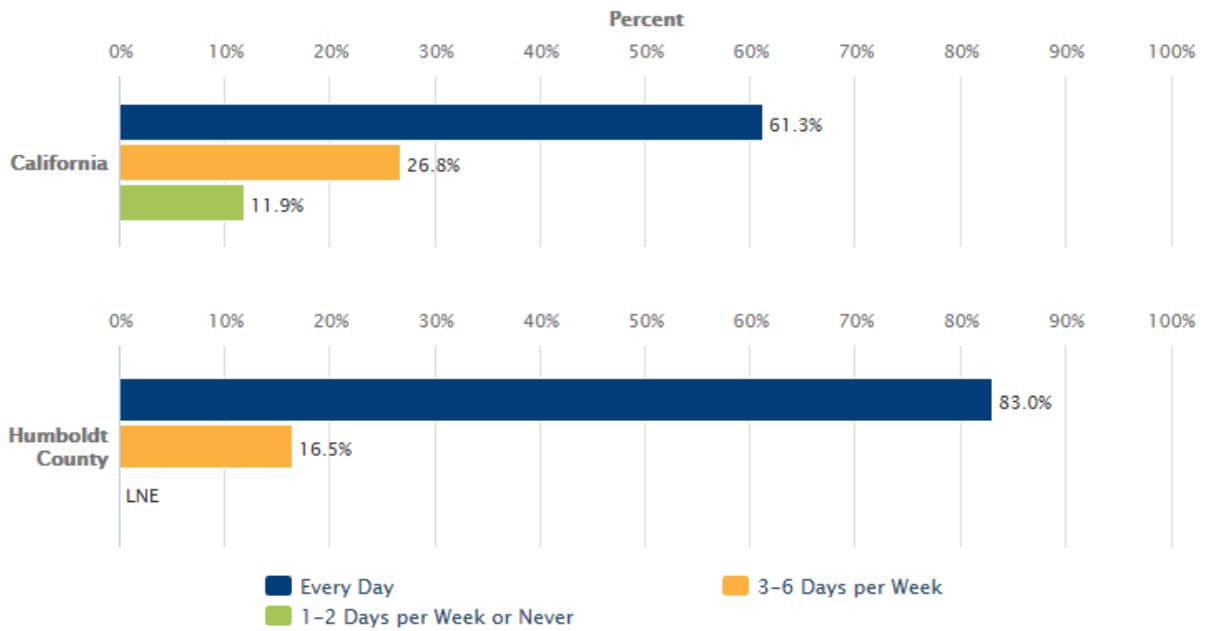


Definition: Estimated percentage of children with parents in the labor force for whom licensed child care is available and unavailable. Figures for 2000-2008 cover children ages 0-13, but 2010-2014 figures cover children ages 0-12.

Data Source: [As cited on kidsdata.org](#), California Child Care Resource & Referral Network, California Child Care Portfolio (Nov. 2015).

Footnote: Data are calculated using California Child Care Resource & Referral Network data and state Dept. of Finance population estimates and projections. This indicator uses a broad estimate of child care demand. Not all children with working parents need licensed care; some may be cared for by family members, nannies, friends, or unlicensed care. Use caution in interpreting trends over time because methods of estimating the child population vary across years.

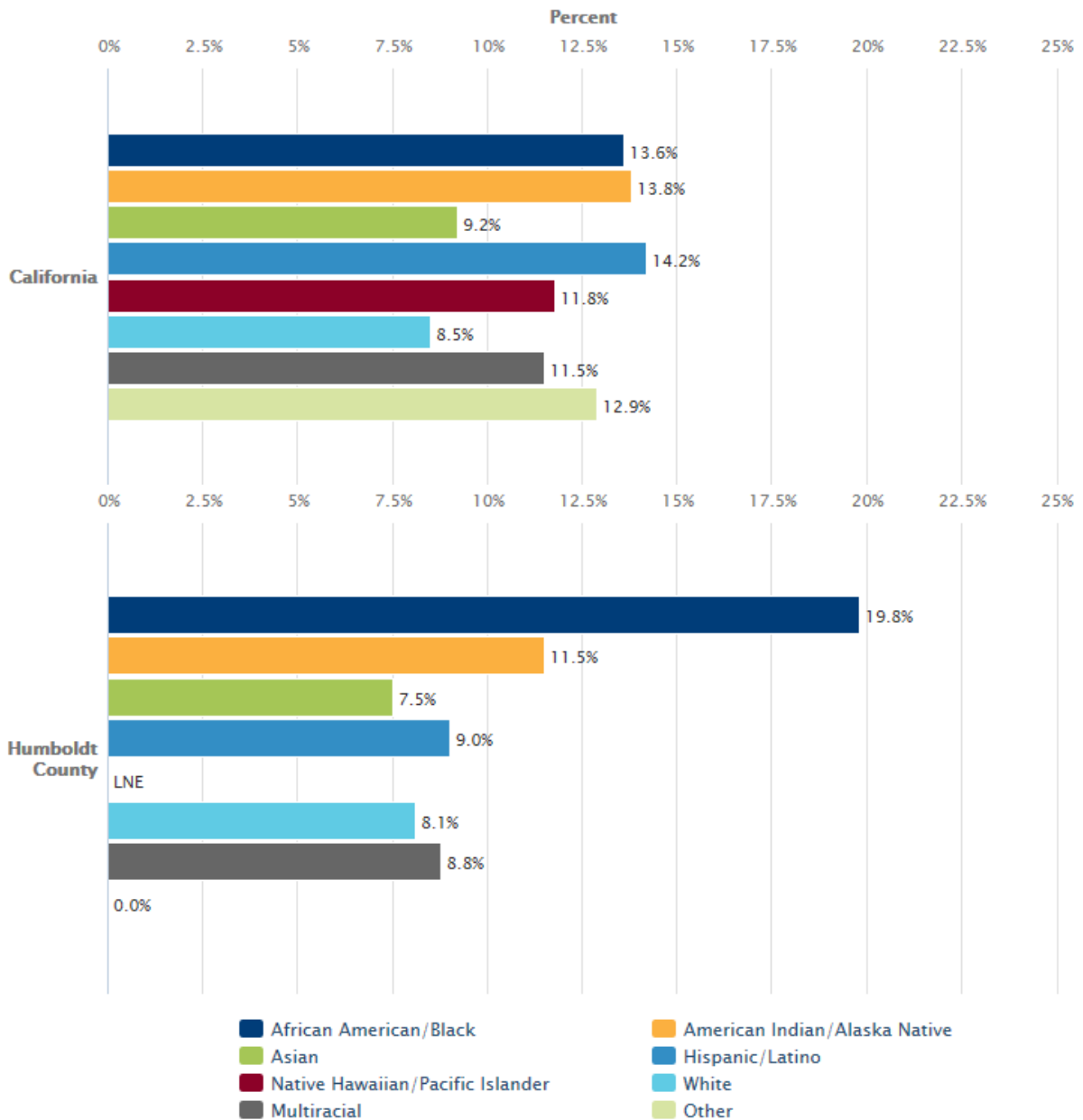
Young Children Whose Parents Read Books with Them, by Frequency: 2013-2014



Definition: Percentage of children ages 0-5 whose parents read books with them, by frequency (e.g., in 2013-14, 61.3% of young children in California had parents who reported reading to them every day).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), UCLA Center for Health Policy Research, California Health Interview Survey (Aug. 2015).

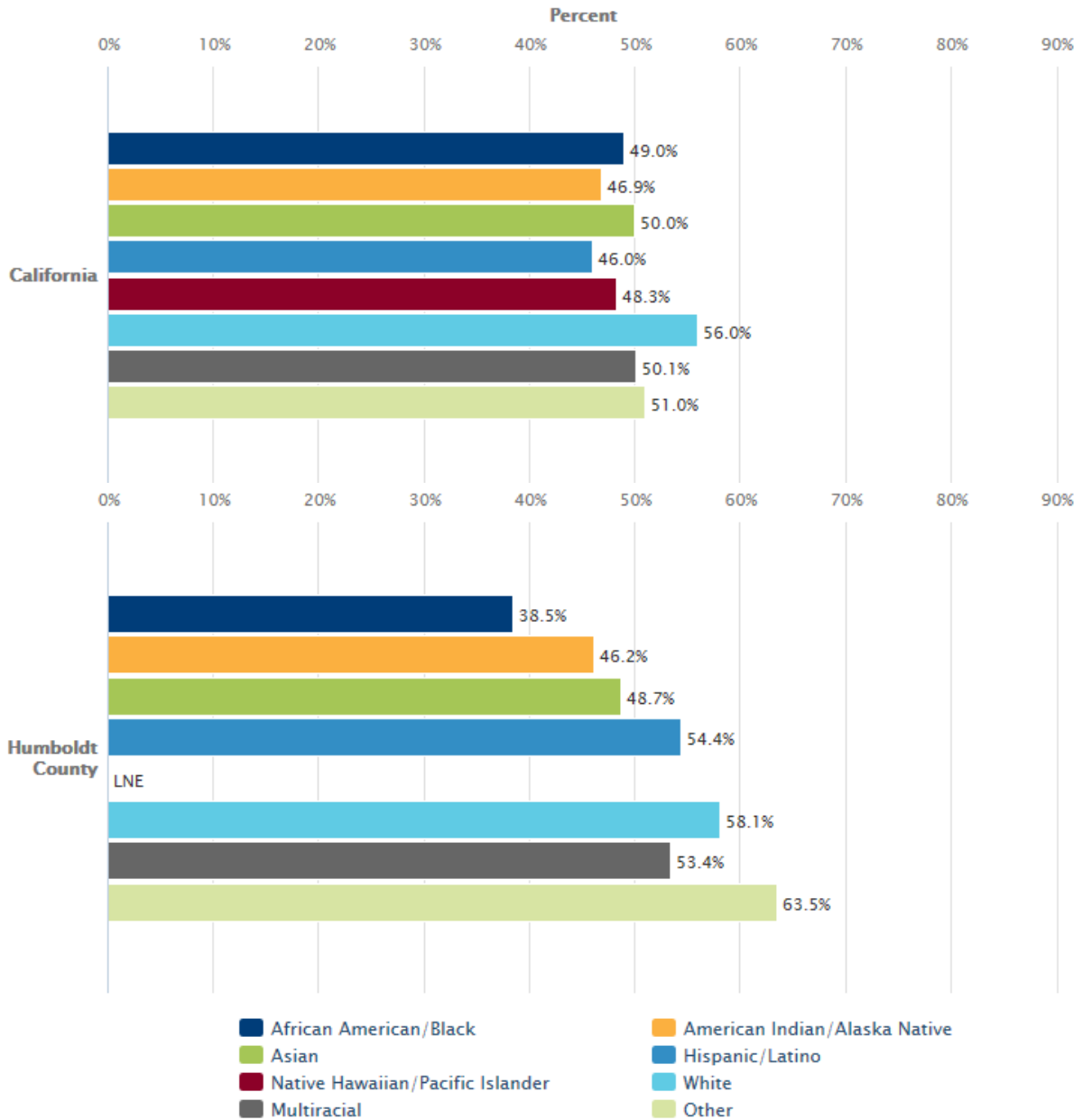
Caring Adults at School (Student Reported), by Race/Ethnicity: 2011-2013



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting low level of agreement that teachers or other adults at school care about them, by race/ethnicity (e.g., in 2011-13, 30.5% of Latino students in grades 7, 9, 11, and non-traditional classes in California public schools expressed a high level of agreement that teachers or other adults at school care about them).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

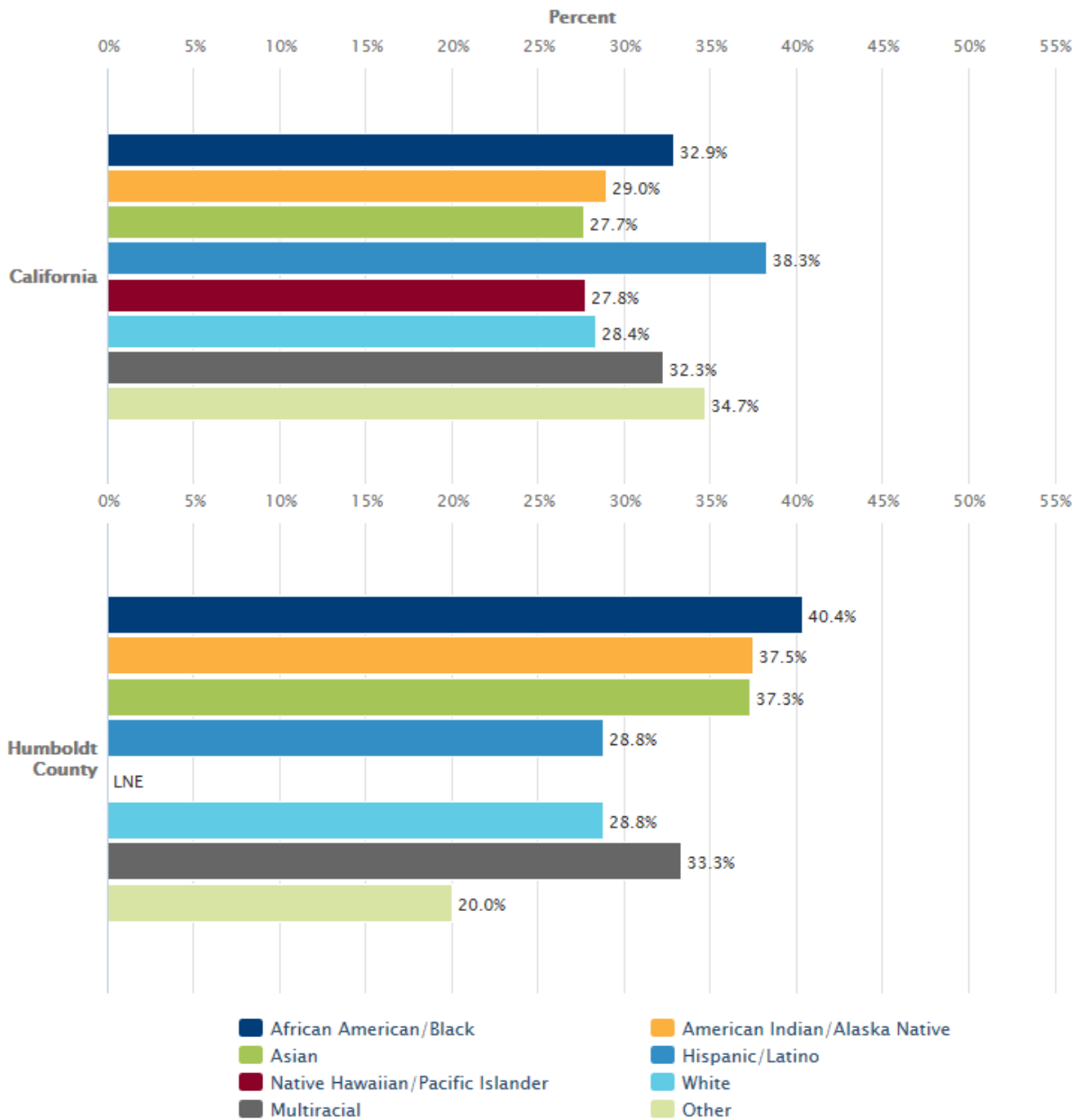
High Expectations from Teachers and Others (Student Reported), by Race/Ethnicity: 2011-2013



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting high level of agreement that teachers or other adults at school have high expectations of them, by race/ethnicity (e.g., in 2011-13, 46% of Latino students in grades 7, 9, 11, and non-traditional classes in California public schools expressed a high level of agreement that teachers or other adults at school have high expectations of them).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

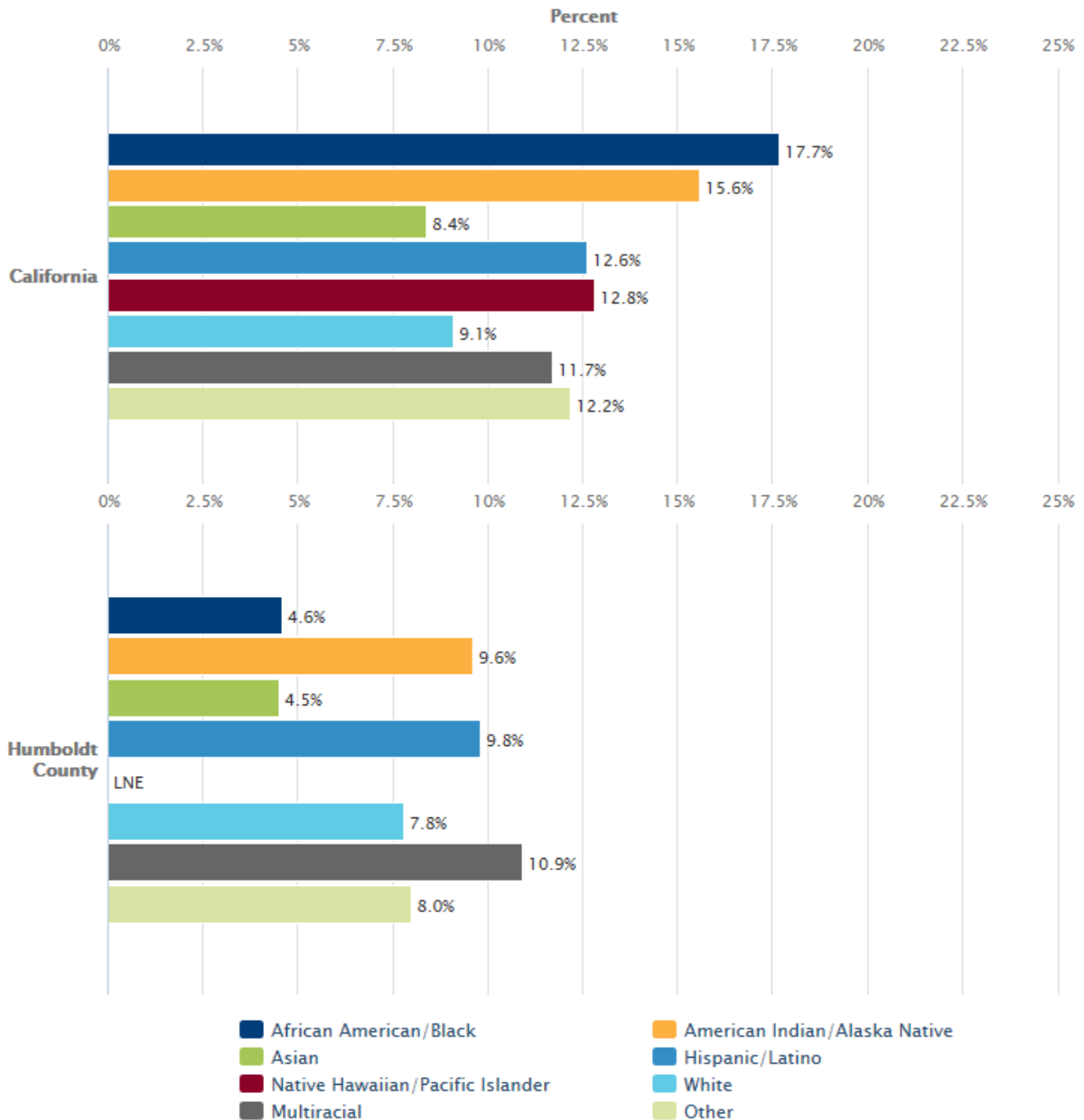
Meaningful Participation at School (Student Reported), by Race/Ethnicity: 2011-2013



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting low level of agreement that they have opportunities for meaningful participation in school, by race/ethnicity (e.g., in 2011-13, 12.4% of Latino students in grades 7, 9, 11, and non-traditional classes in California public schools expressed a high level of agreement that they have opportunities for meaningful participation in school).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

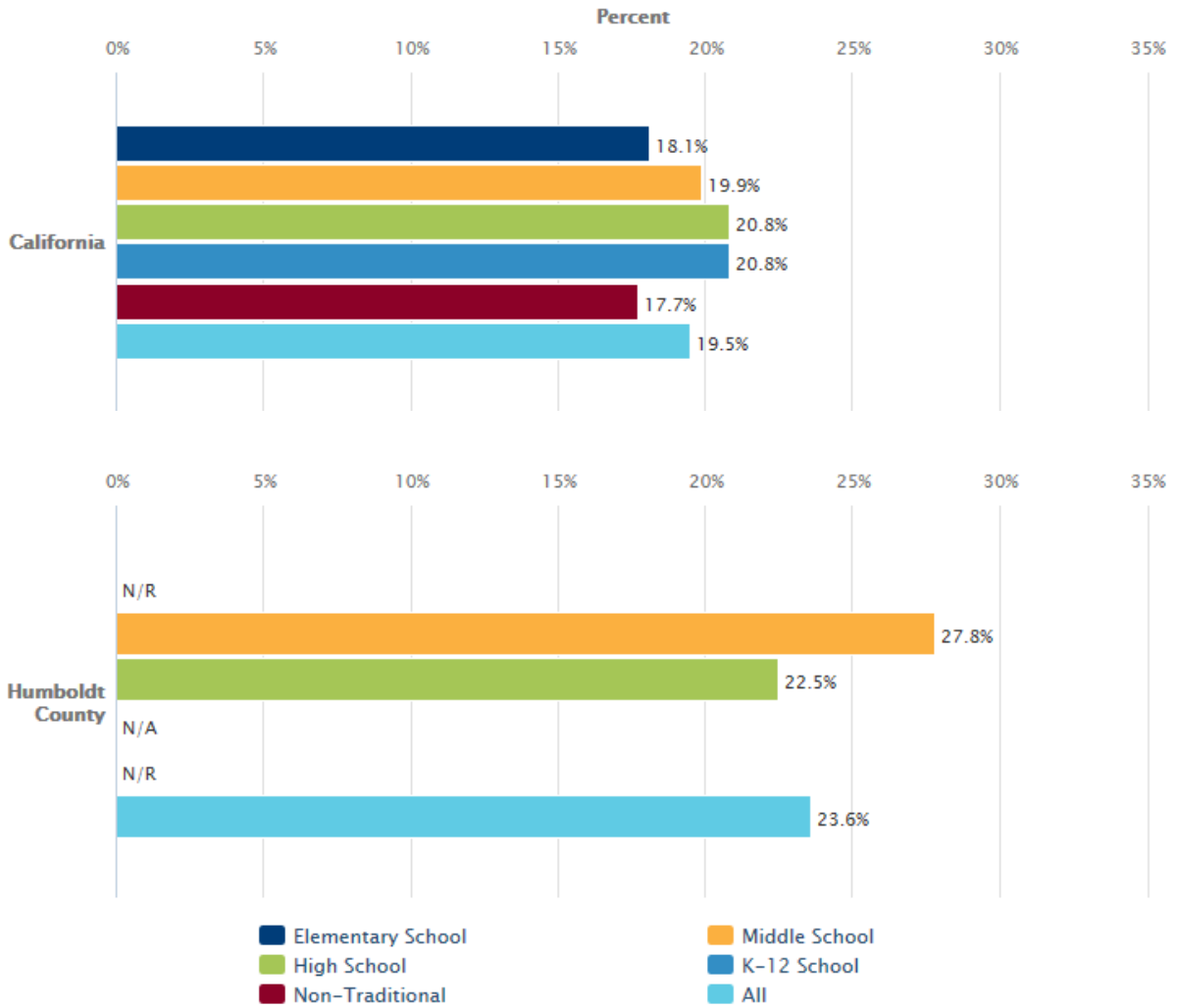
School Connectedness (Student Reported), by Race/Ethnicity: 2011-2013



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students with low level of connectedness to school and race/ethnicity (e.g., in 2011-13, 41.6% of Latino students in grades 7, 9, 11, and non-traditional classes in California public schools had a high level of connectedness to school).

Data Source: [As cited on kidsdata.org](https://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

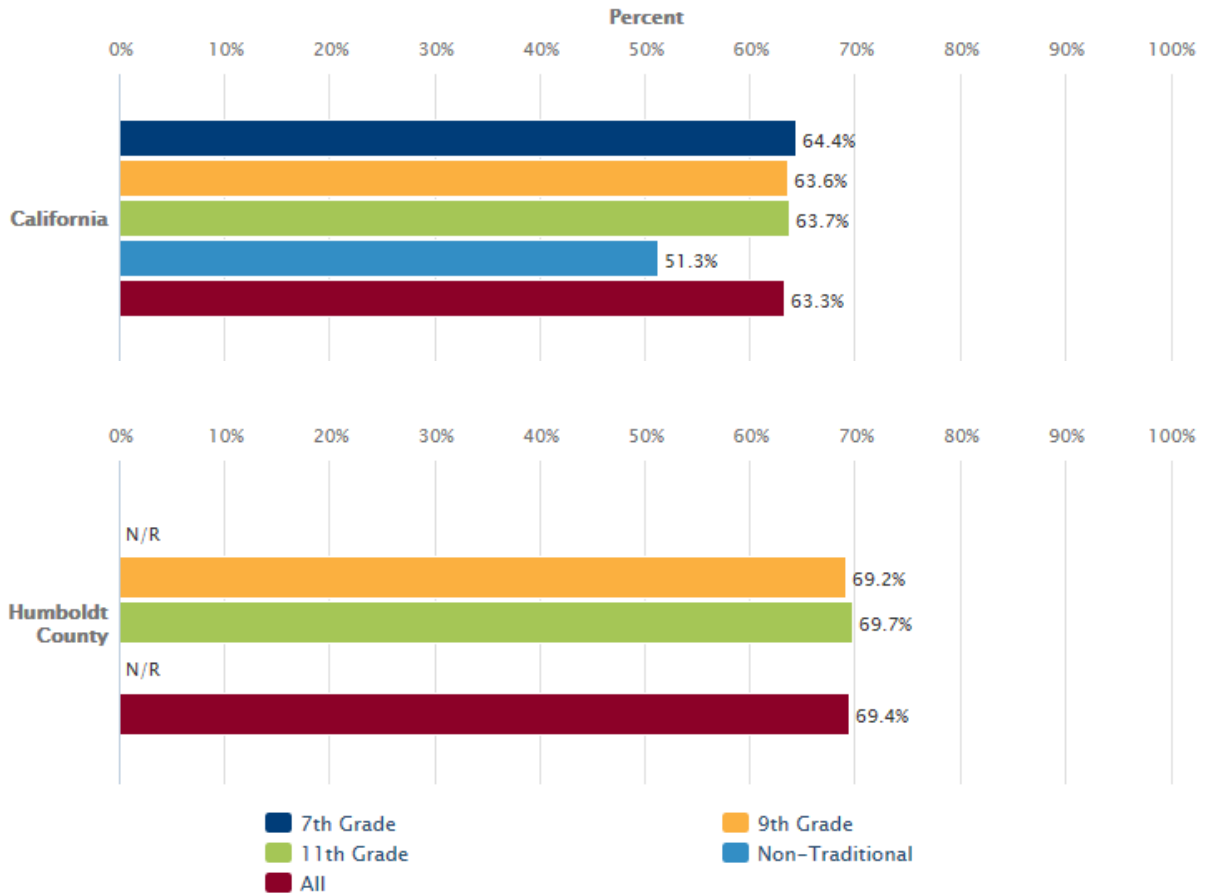
**Youth Development or Resilience Is Fostered at School (Staff Reported):
2011-2013 (Staff Response: Not much)**



Definition: Percentage of public school staff reporting the extent to which their school fosters youth development, resilience, or asset promotion.

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California School Climate Survey (WestEd).

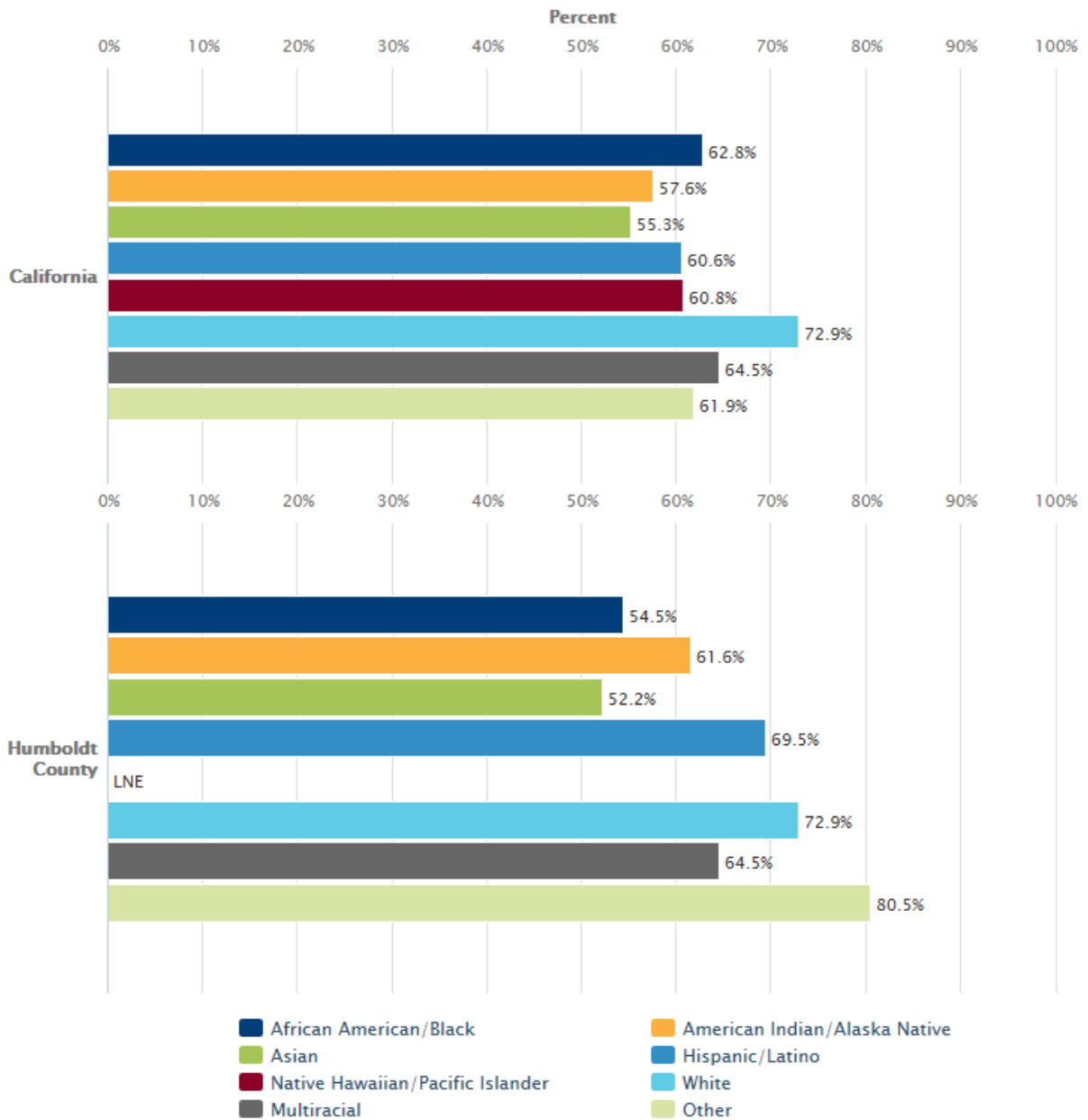
Caring Adults in the Community (Student Reported), by Grade Level: 2011-2013



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting high level of agreement that adults in their neighborhood or community care about them (e.g., in 2011-13, 63.3% of students in grades 7, 9, 11, and non-traditional classes in California public schools expressed a high level of agreement that adults in their neighborhood or community care about them).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

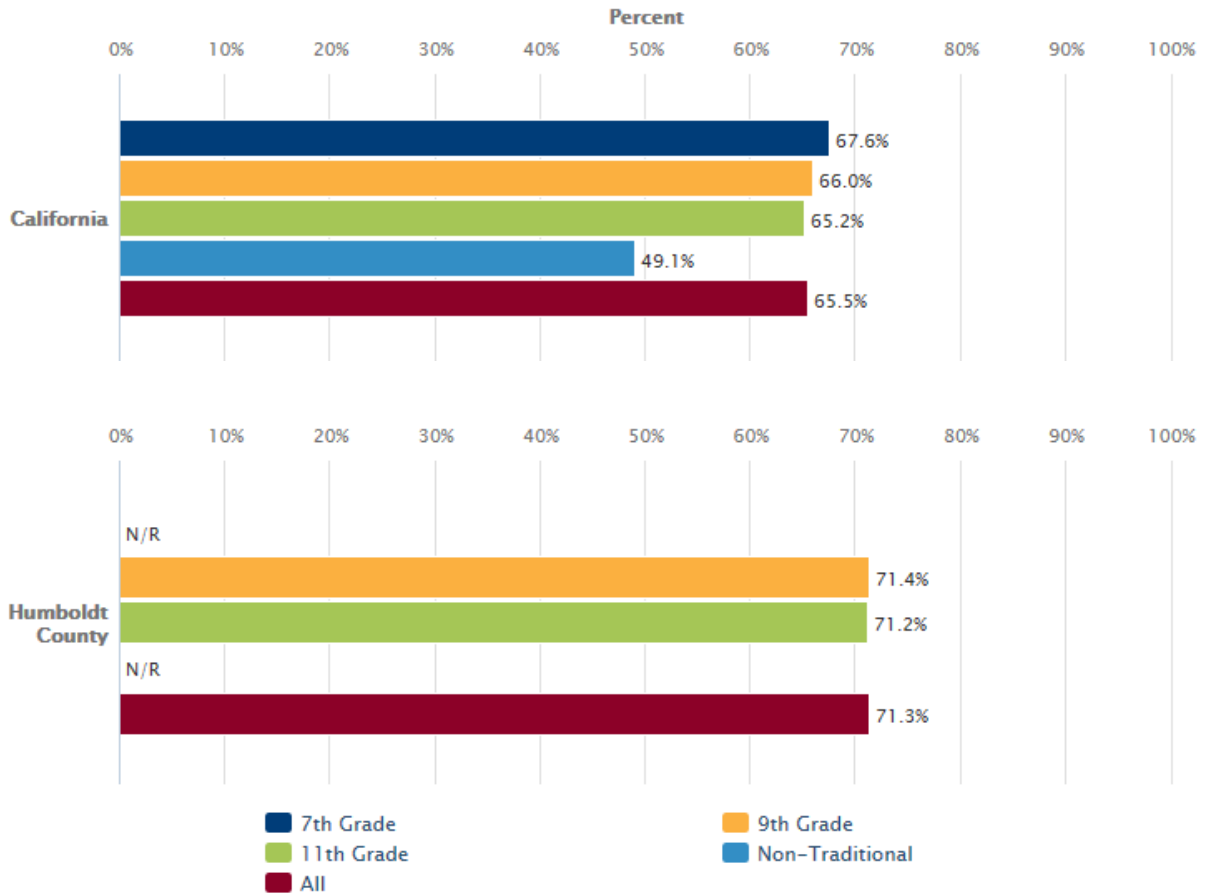
Caring Adults in the Community (Student Reported), by Race/Ethnicity: 2011-2013



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting high level of agreement that adults in their neighborhood or community care about them, by race/ethnicity (e.g., in 2011-13, 60.6% of Latino students in grades 7, 9, 11, and non-traditional classes in California public schools expressed a high level of agreement that adults in their neighborhood or community care about them).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

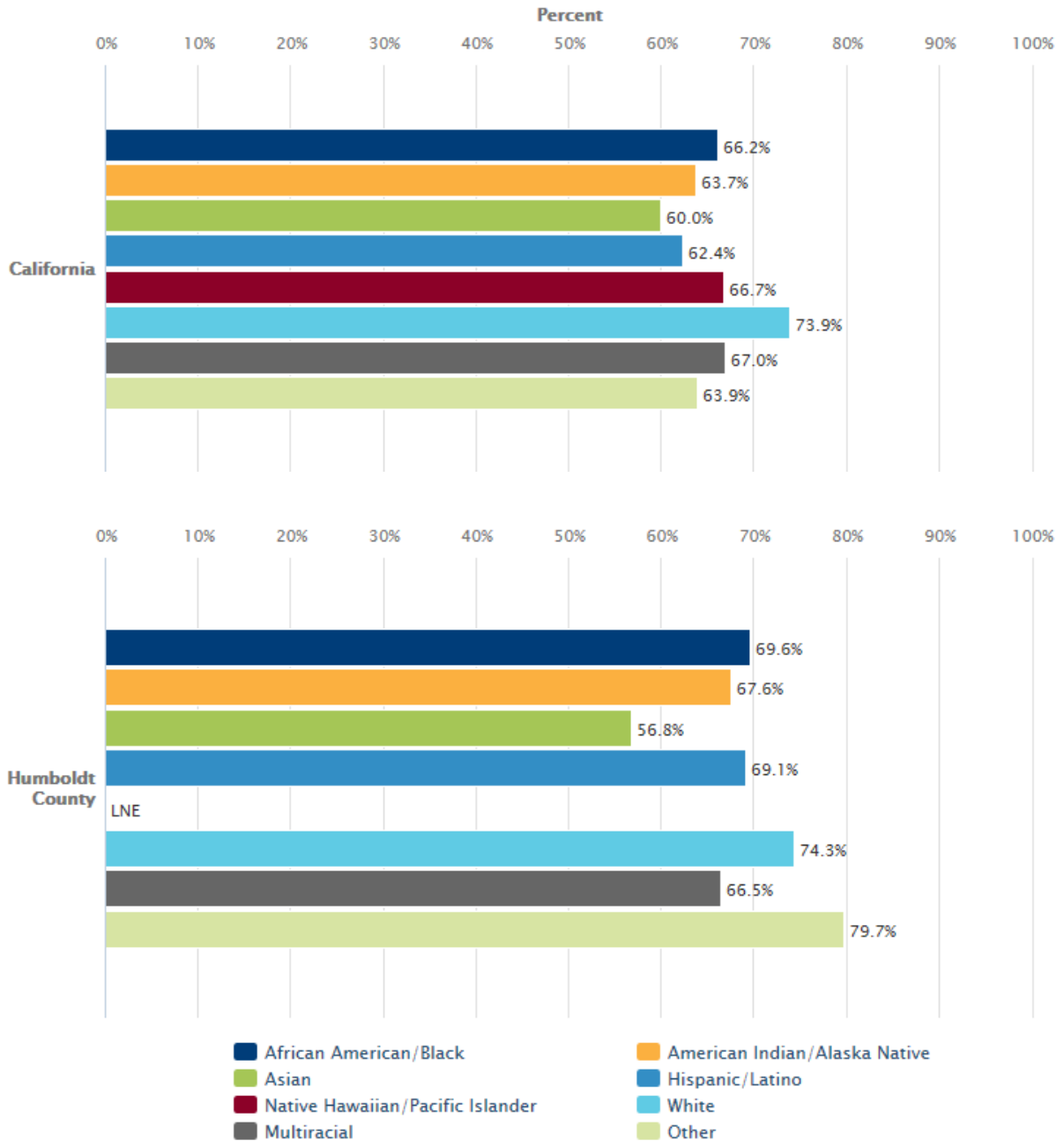
High Expectations from Adults in the Community (Student Reported), by Grade Level: 2011-2013



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting high level of agreement that adults in their neighborhood or community have high expectations of them (e.g., in 2011-13, 65.5% of students in grades 7, 9, 11, and non-traditional classes in California public schools expressed a high level of agreement that the adults in their community have high expectations of them).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

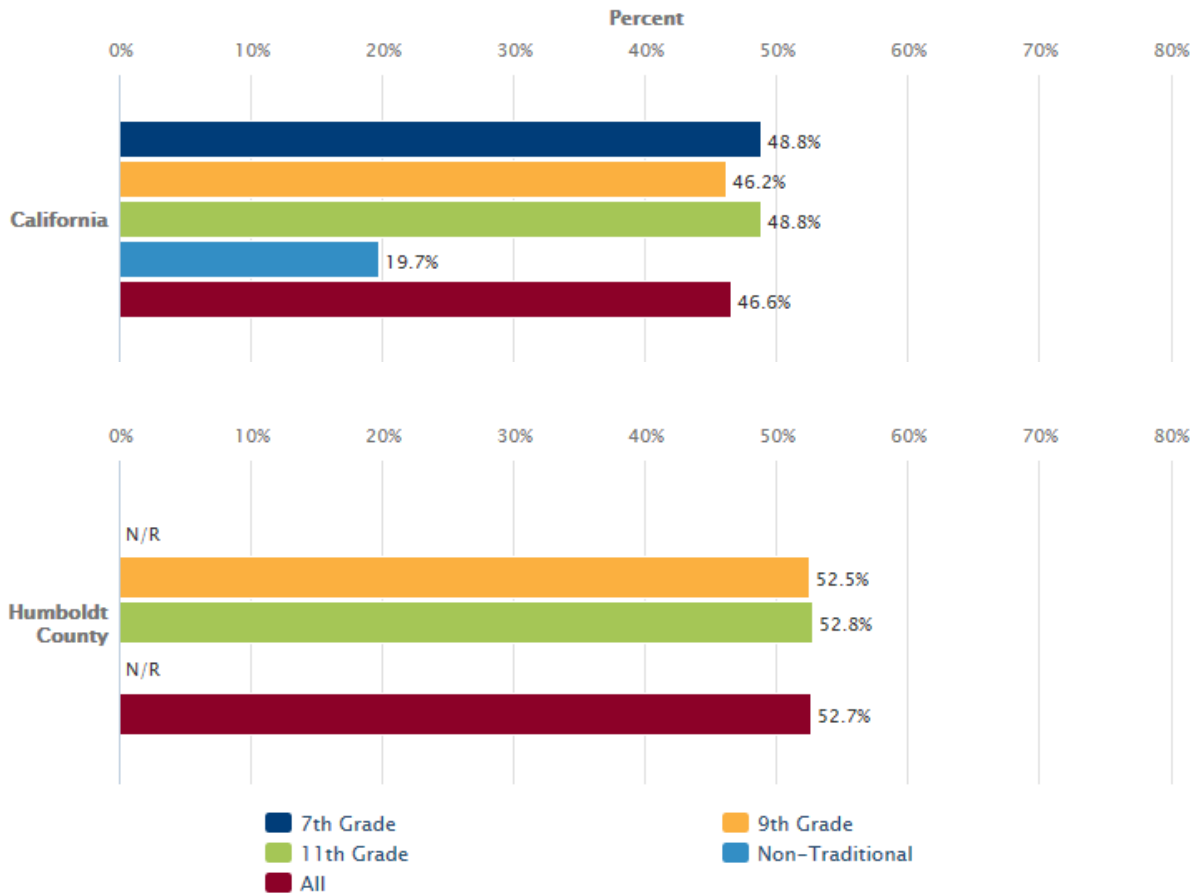
High Expectations from Adults in the Community (Student Reported), by Race/Ethnicity: 2011-2013



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting high level of agreement that adults in their neighborhood or community have high expectations of them, by race/ethnicity (e.g., in 2011-13, 62.4% of Latino students in grades 7, 9, 11, and non-traditional classes in California public schools expressed a high level of agreement that the adults in their community have high expectations of them).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

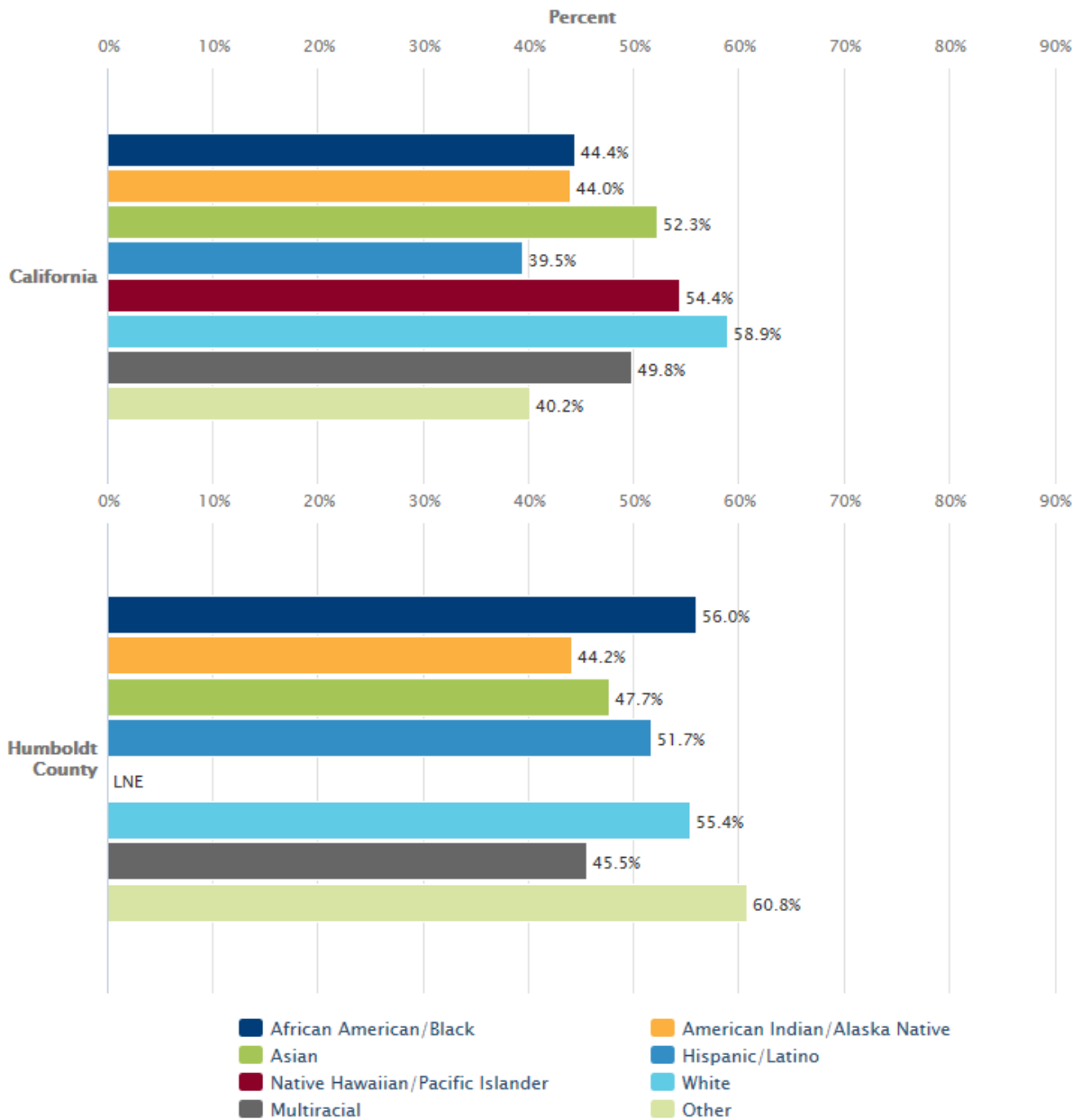
Meaningful Participation in the Community (Student Reported), by Grade Level: 2011-2013



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting high level of agreement that they have opportunities for meaningful participation in their community (e.g., in 2011-13, 46.6% of students in grades 7, 9, 11, and non-traditional classes in California public schools expressed a high level of agreement that they have opportunities for meaningful participation in their community).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

Meaningful Participation in the Community (Student Reported), by Race/Ethnicity: 2011-2013



Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting high level of agreement that they have opportunities for meaningful participation in their community, by race/ethnicity (e.g., in 2011-13, 39.5% of Latino students in grades 7, 9, 11, and non-traditional classes in California public schools expressed a high level of agreement that they have opportunities for meaningful participation in their community).

Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

Appendix A: Key Informant Interview Questions

Topic Area	Question
Current Understanding of ACEs	Can you describe your understanding of ACEs?
	What do you consider to be ACEs?
	What are some of the reasons that you are interested in the ACEs work?
Current ACEs- Related Efforts	What work is your agency currently engaged in that relates to ACEs?
	Describe any data that is being collected at your agency that relates to ACEs.
	How is your current work focused on preventing ACEs?
	How is your current work focused on mitigating ACEs?
Vision for Evolving and/or Shifting ACEs Efforts	How would you like to shift or evolve the ACEs work that is happening at your agency?
	Describe some of the ways you have identified resources to move ACEs work forward at your agency.
	Describe any key partnerships you have cultivated to further ACEs work at your agency.
Future Community-Level ACEs Work	What future ACEs work would you like to see addressed at a community level?
	Describe any key gaps in local efforts around ACEs work.
	Can you identify any key community partners that are missing from the ACEs work?
	Are there other groups or agencies that you would recommend we conduct an interview with?