



direct and synergistic impact on health and wellbeing throughout the life course.

Screening for ACEs, either in a targeted manner or over time in the course of continuous relationships with patients, has been proposed or put into practice in some pediatric health settings in the U.S.^{17,18,19} Given the serious health implications of ACEs and subsequent toxic stress, screening children for ACEs promotes healthy development by identifying children who require more support in primary care. Further, screening children for ACEs early and regularly enables providers and their behavioral health partners to implement primary prevention strategies to educate caregivers about the impact of adversity on their children's developing brains and bodies.²⁰ As a result, early identification of the child's odds of illness or disease can lay the foundation for the development of targeted interventions.

Research, however, suggests screening for ACEs in clinical settings is limited. In a survey of 833 Massachusetts family providers, less than one-third reported

- x AHA supports the development of clinically efficient, standardized tools for screening and assessment of children in clinical care settings. Identifying a standardized method is important to accurately evaluate the effects of ACEs on children's outcomes as well as to better understand how ACEs assessment might inform or improve broader efforts to promot3.8 (r)0.6 (ov248.6 ()0/t)-1.1 j/TT1 1 Tf0.45s8fgoi