Adverse Childhood Experiences Research Drives University–Community Collaboration to Build Community Resilience

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This article describes the university–community collaboration that developed in the Capital Region of New York over 12 years, using research on adverse childhood experiences (ACEs) to build community resilience and inform policies and practices. Highly attended ACE-related presentations held at the University at Albany (UAlbany) gave rise to ACE Think Tank and Action Teams and the Healthy Environments and Relationships that Support (HEARTS) initiative. The work of HEARTS has been accelerated through an investment by the Health Federation of Philadelphia and the Robert Wood Johnson Foundation to Mobilize Action for Resilient Communities (MARC) and sustained through leadership by LaSalle School. Here, we highlight some of these developments and region-wide impacts.

The HEARTS/MARC journey demonstrates how universities can collaborate with child welfare to improve outcomes for children and families by using research to inform policies and practices; strengthen professional practice; and influence polices, programs, and social change. Such translational research involves capacity-building with coordinated efforts to maximize impacts.

Our initiative sought to be data-informed. In 2009, as a result of UAlbany's outreach, the New York State Council on Children and Families (NYS CCF) funded ACE and resilience questions in the New York State Omnibus Survey. UAlbany data analysis showed troubling findings on ACE prevalence in a representative sample of New York adults, averaging 1.8 ACE categories per respondent (NYS CCF, 2010). Now, New York State ACE data are collected through the Behavioral Risk Factor Surveillance System (BRFSS).

The HEARTS Initiative

HEARTS agency partners represent multiple service sectors, spanning the fields of child welfare, criminal justice, education, disabilities, aging, mental health, and addictions. HEARTS spread its influence beyond our region through participation in national initiatives, such as the MARC project, significant training efforts, and development of academic publications. The HEARTS/MARC journey demonstrates how universities can collaborate with human service providers and other agencies to transform organizations, their cultures, and practices, and promote policies reflecting trauma-informed services.

Initially, Prevent Child Abuse America funded ACE Think Tank and Action Teams. This led to local grant funding from the Charles R. Wood Foundation, which launched the HEARTS initiative for ACE Response in 2011. The ACE Response website (see www.aceresponse.org) and brochure (see http://www.aceresponse.org/img/ACE_FNL3_ HR.pdf) were created by UAlbany leaders to disseminate ACE-resilience knowledge and examples of ACE-informed policies, programs, and practices. By 2014, HEARTS quickly had evolved into a collaborative between UAlbany and 15 agency leaders, two state agencies, and one health insurance company, working together advancing responses to ACEs and mobilizing community resilience. In 2014, the HEARTS initiative received UAlbany's President's Award for Exemplary Community Engagement, along with a NYS Legislative Resolution and Senate Proclamation honoring our ACE Response work.

Key elements in the movement toward ACE-informed programs, practices, and policies have included: (1) raising community awareness of ACEs and their consequences (through training, media coverage, building cross organizational change strategies, and trauma-informed missions); (2) advancing resilience and recovery by strengthening social networks and communities of practice within and across sectors; (3) supporting staff's ability to role model by addressing their own self-care; (4) integrating best practices addressing ACEs in both services and agency cultures;

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and (5) creating mutual aid supports for agency leaders in carrying out educational, awareness-raising activities and policy advocacy (Larkin & MacFarland, 2012). As two lead child-family serving agencies involved in the HEARTS Initiative began to implement these ACE-informed elements, the work of HEARTS began to intersect with an inter-departmental Service Outcomes Action Research (SOAR) Project already being carried out to evaluate and develop these programs.

SOAR

SOAR is a related university partnership that began in 2000 to develop a data-informed practice process within two local agencies providing residential and community-based services to adolescents referred for juvenile justice, child welfare, and specialized educational needs. LaSalle School and St. Anne Institute later became leaders within the HEARTS Initiative, given the level of ACEs among their clients and their approach to trauma-informed practices.

Over the past 20 years, agency administrators and staff collaborated with faculty and students from UAlbany's School of Criminal Justice and School of Social Welfare (and at times the School of Education and School of Public Health), developing program logic models of how treatment processes and interventions are connected to expected outcomes. A culture of inquiry is fostered as UAlbany's inter-departmental research team works closely with agency practitioners to identify, create, and implement key measures of client characteristics, treatment services, and outcomes. Quantitative and qualitative methods are used to create a process through which practice and program decision-making takes into account data collected, including implementing trauma-informed educational and treatment practices to address ACE backgrounds of residents. These data can be further applied in policy advocacy efforts to guide resources toward program development responsive to the ACE characteristics of those served.

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HEARTS agencies collect ACE data across sectors, with LaSalle and St. Anne's generating ACE scores through SOAR for the youth served. To illustrate ACE-produced needs among New York State populations served by agencies within the collaboration, a 2015 data snapshot showed that 41% of adolescent boys in residence at LaSalle and 69% of adolescent girls at St. Anne's had scores of 5 or higher, compared to 9% in a general population. For a sample of 71 girls admitted to St. Anne's between May 2017 and March 2019, 66% had scores of 4 or higher, with an average ACE Score of 4.86. Additionally, 60% of 165 boys served by LaSalle between 2018 and today had ACE Scores of 5 or higher.

Our SOAR team assisted MARC data collection while working to secure sustainable research funding to ultimately expand beyond two HEARTS agencies with greater attention to community-wide outcomes. We built upon agency ACE assessments and increased policy advocacy efforts with our Department of Health representatives toward statewide ACE data collection through the NYS BRFSS, which began in 2018.

MARC

A national movement toward ACE-informed approaches emerged as leaders sought to holistically address ACEs as a public health problem, engaging a range of health care-related services to address ACEs and their consequences (Cambron et al., 2014). The MARC investments were carried out through a two-year initiative designed to assist communities to address ACEs. MARC communities were selected from a group of invited applicants on the basis of having existing multi-sector networks committed to building resilience and addressing early childhood adversity. The HEARTS initiative was one of 14 sites funded by MARC in October 2015, co-led by UAlbany and LaSalle School leaders (Larkin, Lee, Esaki, DeMasi, Trifoso et al., 2018). In 2015, LaSalle School was also awarded Robert Wood Johnson funds to address ACEs and foster an understanding of the neurobiology of ACEs in a "Change of Mind" grant.

Since joining MARC, HEARTS expanded to include new members and sectors (especially law enforcement, education, and health care), transforming HEARTS from an agency-based collaborative into a grass-roots social change movement including new community leaders. This included the development of policy entrepreneurs in economically challenged neighborhoods who were trained to address ACEs and lead with anti-racist strategies in creating solutions to inner city problems. MARC participation advanced cross-sector engagement, with a core of child welfare agencies along with new representatives from the Albany City Police Department, County Sheriff's Department, Alliance for Better Health Care, Community

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Care Behavioral Health, participants of New York State's Delivery System Reform Incentive Payment Program, a representative from NYS United Teachers, a New York State Department of Health representative, agency representatives for the Sexual Assault & Crime Victims Assistance Program at Samaritan Hospital, and the Veteran Health Administration. We increased outreach, and our collective efficacy included cross-sector meetings with mayors, county executives, and their direct reports.

HEARTS/MARC gained traction in moving organizations into more trauma-informed practices and systems within the five-county region around Albany, New York. As a national MARC community, the HEARTS initiative began to focus activities towards five primary goals: (1) building the movement, (2) fostering learning and innovation exchange, (3) impacting public policy, (4) engaging indigenous community leaders (Policy Entrepreneurs), and (5) gaining sustainable funding.

Participation in MARC exponentially advanced our ability to share information across communities nationally and generated increased interest across our community and the state. For example, thousands of people participated in the spring 2017, 2018, and 2019 ACE Symposia held by LaSalle School in the New York Capital Region. In fact, at the end of MARC it was estimated that we were able to reach 7,000 people in training alone. To sustain and advance the momentum supported through MARC, we are identifying resources for next steps in two key areas. One is to create a training center with organizational development supports for those we have reached in agency settings. The other is to strengthen indigenous leader supports, with Policy Entrepreneurs addressing ACEs and building community resilience.

To further engage the broad provider community and consider key next steps aligned with the "Pair of ACEs" (Dietz, 2017), addressing adverse community environments including racism at the root of adverse childhood experiences, we began in 2018 to offer "Racing ACEs" workshops (building on Dhaliwal, 2016 through local leadership) and design an ACEs and diversity curriculum. This focus continues with an upcoming training on "Building Resiliency: Addressing ACEs with an Equity-Based Lens." Our online ACE Response continuing education training is being updated for a more user-friendly platform, with future online trainings planned that will focus on anti-racist strategies to address the "Pair of ACEs." We worked with the Alliance for Better Health on an ACE-resilience online continuing education opportunity specific to medical doctors and health care providers. These online trainings in development are aligned with ACE resilience trainings that Prevent Child Abuse NY developed as they advocate for legislation requiring frontline providers across the state to be trained in ACE-resilience. Other statewide efforts include participation in a statewide workgroup on trauma-informed care, work with the NYU McSilver Institute on their national policy inventory, and work with the State School Board associations to offer follow up conferences around the state on mental health in schools.

HEARTS/MARC: Select Outcomes and Sustainability

MARC support of the HEARTS collaborative quickly facilitated movement from a child welfare service sector focus to a five-county community development, mobilization, and action plan with multiple agencies and sectors. Other communities, including health care and social service providers in Austin, Texas, and Public Health England in the UK sought consultation, asking about MARC learning exchanges, as they develop similar community engagement networks.

Very importantly, LaSalle School has moved into the leadership role for ACEs training and organizational development in the region. Current work addresses ACE-related policy in NYS through state and county agencies and legislative initiatives including public schools, child welfare and health care. Sustainability involves continuing HEARTS meetings with LaSalle School moving into a training and capacity building leadership role. In summary, this collaborative shows how a University can offer translational research guiding new practices and policy and in turn supporting a lead child welfare agency to move the agenda forward, changing practices and programs of agencies, while serving as policy exemplar in the region and state.

Conclusion

Coordination and capacity-building can lead to successful collaborations between universities and social service agencies that improve outcomes for children and families within our communities. Universities play an important role in developing data-driven policies and programs. We found that ACE research provided a shared language, facilitating cross-sector responses to build community resilience. Together, we have increased funding for trauma treatment through Medicaid (enhanced), which is important for other states. All community members have a role to play in building ACE resilience, and it is crucial to engage indigenous leaders along with program directors and policymakers. Innovative local and national grant funding both help to

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advance and validate local collaborative efforts, and the MARC project is an example of the national movement that has been developing around addressing ACEs. Sustaining the initiative and moving forward involves closely coordinated efforts, sharing and shifting which agencies serve as backbone organizations to best serve the community at different times. Important next steps in addressing ACEs include the advancement of equity within our communities—racism is traumatic at an individual and collective level. Crucial next steps include more attention to funding, policies, and practices addressing racism and advancing equity as key components of ACE response. ■

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