Joining Forces for Children:

Using a Collective Impact Approach to Address Adverse Childhood Experiences

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Aims

• Increase understanding of collective impact as an approach to public health issues.

• Discuss theory-to-practice experiences of adopting a collective impact approach to addressing ACEs and toxic stress.

• Gain knowledge and learn strategies that can be used in similar network collaboratives.
ACEs Overview

JOINING FORCES FOR CHILDREN
ABUSE
- Physical
- Emotional
- Sexual

NEGLECT
- Physical
- Emotional

HOUSEHOLD DYSFUNCTION
- Mental Illness
- Incarcerated Household Member
- Mother Treated Violently
- Substance Abuse
- Separation or divorce
Behavioral Health
- Substance abuse
- Alcohol abuse
- Lack of physical activity
- Smoking
- Missed Work

Physical & Mental Health
- Severe obesity: 4x
- Depression: 2x
- Heart Disease: 2x
- Cancer: 2x
- Diabetes: 4x
- Suicide attempts: 12x
- Broken bones: 4x
- STDs
- Chronic lung disease: 2x
- Stroke
Toxic stress changes our biology.
Positive Stress

The body’s normal and healthy stress response to a tense situation/event.

Tolerable Stress

Activation of the body’s stress response to a long-lasting or severe situation/event.

Toxic Stress

Prolonged activation of the body’s stress response to a frequent, intense situation/event.
Children & youth with 2+ adverse childhood experiences
What is Collective Impact?
Collective Impact

The founding members of Joining Forces for Children decided to organize around a collective impact framework.

Collective impact is an organizing framework that’s primarily used to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations, and citizens to achieve significant and lasting social change.

No single program, organization, or institution acting in isolation can bring about large-scale social change on its own. For change to occur there needs to be a concerted effort of the many different players around a common agenda.
Collective Impact

- Shared Measurement
- Common Agenda
- Mutually Reinforcing Activities
- Backbone Organization
- Continuous Communication

JOINING FORCES FOR CHILDREN
Early childhood experiences have a powerful impact on health and brain development.

When **Adverse Childhood Experiences (ACEs)** trigger toxic stress, the resulting biological changes lead to learning challenges, behavioral health problems, and physical illness.

When we reduce the impact of ACEs, we boost child well-being, health, and success.
### Overview of Focus Areas (Channels)

#### Early Childhood Channel
- **Focus**: children from birth to 8 years
- **Project Example**: screening parents for adversity (current/childhood) to help them develop protective factors and access resources/support within the community

#### School-Age Channel
- **Focus**: children 5 to 18 years
- **Project Example**: training all teachers, faculty and staff on ACEs & empowering them to implement these learnings into their lesson plans

#### Healthcare Channel
- **Focus**: child patients and their caregivers
- **Project Example**: screening parents for adversity and parenting challenges within pediatric primary care practices and connecting with parent specialists on-site at the practice

#### Community Connections Channel
- **Focus**: broader community initiatives impacting children
- **Example**: integration of trauma-informed perspective/practices into their mission and work
Channel Goals

**Inform and educate** families, communities, and institutions about the effects of adverse childhood experiences.

**Build capacity within our community and among parents** to recognize and strategically improve childhood well-being by responding to childhood adversity.

**Identify and implement best-practices** and evidence-based interventions in services and supports that **build resiliency and reduce adversity**.

Facilitate **advocacy and policy change** that addresses child well-being and reduces the effects of toxic stress.
How did we get here?
Overall Vision

Focus on hope, resilience and change without losing sight of the deep and long-term impact of childhood adversity:

• Reduce ACE exposure / experiences
• Support social-emotional learning, self-regulation
• Promote Safe, Stable, Nurturing and Stimulating environments
• Recognize experiences in early childhood are critical but not determinant

- Educate. Present. Educate. Repeat
- Use local data to drive need, urgency
- Create shared outcome measures
- Increase advocacy with local leaders
Primary Drivers

- Increase awareness about the effects of toxic stress
- Reduce childhood adversity & toxic stress
- Implement interventions and supports that build resiliency
- Advocate for practice and policy change
- Measure impact & progress on outcomes

Activities

- Agree on ACE / trauma definitions & theory
- Provide trainings on ACEs, Toxic Stress and resilience to increase capacity.
- Support a community-wide collective impact initiative
- Involve broad sectors of the community
- Map current capacity & deficits
- Strengthen community connections
- Promote trauma-informed changes, promote Strengthening Families & increase the use of evidence-based HM therapies
- Identify sustainable practices
- Identify community & agency measures

Key

- State of Readiness
- Community
- Cross-Sector Partners
- Shared Understanding

AIM

Improve child, family and community outcomes through trauma-informed practices
Mayerson Center receives “Helping At-Risk Children Thrive” grant to begin work on Toxic Stress / ACEs

• Achieved inclusion of **child maltreatment indicators** in the United Way State of the Community Report

• **Consulted experts** for strategic planning and community engagement
  - Deborah Daro, PhD [Chapin Hall Center for Children, University of Chicago]
  - Howard Dubowitz, MD [Center for Child Protection, University of Maryland]
  - Robert Sege, MD, PhD [Division of Family & Child Advocacy, Harvard Medical School]

• Invited **Dr. Andrew Garner, MD, PhD**, - a nationally recognized expert on toxic stress in children – to present Pediatric Grand Rounds for pediatricians, healthcare practitioners and community service providers

• Sponsored a **Stakeholder Forum** for leaders of key Hamilton County organizations and social service providers facilitated jointly by Dr. Garner and Dr. Shapiro
Mayerson Center receives “Childhood Trauma Reduction Collaborative” grant to continue work on Toxic Stress / ACEs

- Completed **Community Needs Assessment** with Kathy DeLaura, Managing Director at Partners in Change, to assess understanding of Toxic Stress among community stakeholders, identify current projects addressing area and need for more intentional effort (i.e. formal collaborative)

- Community Awareness Launch: Viewing of the PBS documentary “**The Raising of America**” for 140+ leaders from various sectors of the community. Partners were invited to participate in future collaborative efforts.

- **“Joining Forces for Children”** begins when a group of 12 key stakeholders already working in the field of ACEs and toxic stress were convened to discuss priorities and direction for the group. Three priority areas were developed: **Education and Awareness**, **Advocacy and Policy Development**, and **Activities and Program Development**.
Strategic Planning and Action Groups

• A full-day strategic planning session lead by HRiA attended by 42 community leaders resulted in the creation of the JFfC **vision, mission and goals** including objectives and strategies for each of the three priority areas

• Steering Committee (18 members) and Executive Committee (8 members) formed from multi-disciplinary **leaders committed** to the vision and mission of Joining Forces for Children

• Identifying Focus for Year 1: Committee members, strategic planning attendees and additional partners reviewed and ranked the objectives and strategies for each of the three areas to **prioritize focus** for year one planning

• Action Groups (53 members) formed with intent to provide a **realistic blueprint of activities and action steps** to be implemented and tracked as well as indicate roles and responsibilities to which Action Group Members can be held accountable
2016

**Action Groups** met between February and August 2016

- High engagement from all Action Groups
- Starting point was prioritized list from strategic planning session

**Task:**

Based on strategic plan and priorities identified – develop an action plan to be implemented to achieve objectives and goals

**Results:**

A deeper dive into our goals and objectives by the Action Groups over the course of 7 months (20+ meetings) resulted in a reorganization of our original priority areas
Action Groups, Progress and Restructuring

• All three naturally broke into 4 new focus areas:
  Early Childhood, School Age, Healthcare, and Local Initiatives

• Primary needs surfaced by Action Groups:
  - Joining Forces interactive website
  - Messaging: packaged messages, training, information for each key area (Ambassador Packet)
  - ACEs Summit / Conference
Early Childhood
Local Initiatives
Healthcare
School Age

Advocacy and Policy
Education and Awareness
Activities and Program
• **Executive Team** and new system-focused channels began to meet to develop goals.

• **Backbone organization** established partnerships with the Cincinnati Health Department, Northern Kentucky Health Department, and Clermont County Health Department. This resulted in training opportunities with Northern Kentucky Health Department’s population health division and clinical services, WIC & SNAP services, family planning, and syringe exchange program.

• New **website** with interactive components was developed, tested, and launched.

• **School Age system** focus was established resulting in increase opportunities for trauma-informed care trainings and coaching through the Mayerson Center as well as an increase in the number of school age serving programs at the Joining Forces table.

• Hosted screenings of **Resiliency** movie in partnership with the Tristate Trauma Network and United Way of Greater Cincinnati.
2018

• Over **50 organizations** continue to drive the work of the 4 system-focused channels.

• Launched cross-sector **Evaluations Committee** to develop and operationalize measurement of collaborative efforts. Engaged Community Based Participatory Research expert, Dr. Lisa Vaughn.

• **Action on ACEs Summit** at The National Underground Railroad Freedom Center, 400 attended w/ Keynote from Dr. Vincent Felitti.

• **Advocacy Day** in Washington D.C.

• Secured new funding to expand backbone support staff with **3 new positions** and increased contract support.
2019

- Hired staff with **3 new positions**: Trauma Informed Care Healthcare Coach, Sr. Specialist Program Manager and Community Relation Specialist
- New collaboration w/ **advocacy coalitions** in Early Childhood Channel
- Local Initiatives Channel transitions to new mission and rebrands as “Community Connections Channel”- launches quarterly learning sessions
- Provided **training and coaching** to a record number of schools and organizations on ACEs, Resiliency and trauma informed care.
- Selected as site for **NCTSN Breakthrough Series: Trauma Informed Schools** in partnership with Cincinnati Public Schools.
Operations & Current Work
Joining Forces for Children Partners

• 4C for Children
• Beech Acres Parenting Center
• Child Focus, Inc.
• Children, Inc.
• Cincinnati Children's Hospital
• Cincinnati City Council
• Cincinnati Early Learning Center
• Cincinnati Federation of Teachers
• Children’s Home of Northern Kentucky (CHNK)
• Cincinnati Public Schools
• Cincinnati Youth Collaborative
• Cincinnati-Hamilton County Community Action Agency
• Consortium for Resilient Young Children
• Every Child Succeeds
• Family Nurturing Center
• GLAD House
• Greater Cincinnati Foundation

• Hamilton County Job and Family Services
• HC Public Defender Guardian ad Litems
• Harmony Project
• Legal Aid Society of Greater Cincinnati
• Legal Aid Society of Southwest Ohio, LLC
• Lighthouse Youth Services
• MindPeace
• Northwest Local School District
• Princeton City Schools
• ProKids
• Santa Maria Community Services
• Solutions Community Counseling and Recovery Services
• St. Joseph Orphanage
• Success By Six / United Way
• The Children’s Home of Cincinnati
• Tristate Trauma Network
• YWCA
Community Connections Channel

2 Lead Community Based Organizations

Jill Huynh
VP of New Business Development
Beech Acres Parenting Center

Erika Yingling,
Domestic Violence Prevention and Intervention
Healthcare Channel

2 Lead Cincinnati Children’s Divisions

Anita Shah
Pediatrician, Assistant Professor
Cincinnati Children’s Hospital

Robert Shapiro
Pediatrician, Professor of Medicine
Division Director at Mayerson Center for Safe and Healthy Children
Cincinnati Children’s Hospital
Strategies and Tools for Collective Impact Work
Building Community Resilience (BCR)

National collaborative that seeks to improve the health and life outcomes of children, families, and communities

Teams in five cities across the country are using the BCR process and tools to help their communities not only ‘bounce back’ in the face of adversity, but bounce forward.

Over the past three years, BCR teams built and strengthened the buffers that can prevent negative outcomes associated with adverse childhood experiences (ACEs), particularly in the context of adverse community environments (ACEs)—the Pair of ACEs
Building Community Resilience Collaborative
Social Media

Never heard of ACEs or toxic stress? Here's what you need to know and why you should care.

Joining Forces for Children: Why you should understand and care about ACEs.

Building Community Resilience

Incredibly motivated group of teaching fellows to learn about building resilience in classrooms.

Want to know more about Joining Forces? We have just the thing! Check out our newest video and share with all your friends!
Building resilience and fighting childhood adversity. We are Joining Forces for Children.

We are a collective of educators, health care professionals, community members and more who work to prevent and reverse the effects of child traumas such as adverse childhood experiences (ACEs). Our goal is to brighten the future for children, their families and our communities.
CPBR Tool: Group Level Assessment (GLA)

- Designed for participation from all stakeholders in a system.
- System of questions to get input on a topic.
- Small groups harvest and prioritize the data into themes.
- Themes drive action for group.
Collaborating to build equity and inclusion:
- with youth and families
- between JFfC Channels
- with stakeholders
- with our community
School Age Channel Priorities

1. Action and Implementation
2. Measuring our Impact
3. Coordinating and connecting
4. Collaborating
5. Resources
6. Maintaining a digital presence
7. Meeting Families where they are
What is most important, in their own words:

These adversities need our attention:
- Poverty/lack of opportunity
- Poor housing quality and affordability
- Arrest, detention, or incarceration
- Family and household dysfunction
- Generational trauma
- Inequity
- Sexual, substance, and emotional abuse

Strategies, resources, and information families most need:
- Access to supports and resources
- Education on ACEs and ways to address them for providers, practitioners, parents, and community
- Community improvements
To improve our efforts, we need to:

- Co-create and define actions steps needed
- Focus on direct engagement from the community
- Incorporate family and youth voice into our efforts
- Consider marginalized identities, such as LGBTQ, Latino, and Rural/Appalachian
- Devise "model" policies and procedures with stakeholder input
- Extend trauma-informed trainings for all school personnel
- Identify and collaborate with agencies that are indirectly addressing ACEs
- Bring school leaders together to educate on trauma and implement work
GLA NEXT STEPS

- Process is completed by all channels
- Data is used for decision-making
- CBPR and GLA are used as tools to measure channel progress
Organizational Structure

Executive Committee
(bolded below)

Carolyn Brinkmann
Tom Lottman

Early Childhood Channel

Kevin Jamison
Darrell Yater

School Age Channel

Anita Shah, DO
Bob Shapiro, MD

HealthCare Channel

Jill Huynh
Erika Yingling

Local Initiatives Channel
Executive Committee Roles

• Lead one of the 4 focus groups
• Connect with and involve/energize previous participants
• Be the driving force to keep us moving forward
• Report back to Executive Committee, Steering Committee and Partners
What’s next for Joining Forces for Children?
Framework for Cross-Sector Change

Protective Factors Framework
UNIVERSAL PRIMARY PREVENTION STRATEGIES

Responsive Practices
TARGETED SECONDARY PREVENTION STRATEGIES

Intensive Services
TERTIARY PREVENTION STRATEGIES

Tier 1:
- Knowledge of Parenting and Child/Teen Development
- Social Emotional Competence of Children or Adolescents
- Parental or Adolescent Resiliency
- Social Connections
- Concrete Supports in Times of Need

Tier 2:
- Being Attuned to the Inner Child: Emotional Scaffolding
- Nurturing Self-Regulation: Coping Assets

Tier 3:
- Helping Children Cope: Stress Reduction
- Repairing and Healing: Trauma-Responsive Care
Vision for the Future

**AIM 1** | Create communication that builds community resilience.
- Community-based participatory research practices
- Messaging creation and prototyping
- Community Champions

**AIM 2** | Mobilize Champions to inspire a trauma-responsive movement.
- Co-designing delivery mechanisms and action projects
- Learning networks and conferences
- Community Champions
- Professionals

**AIM 3** | Activate Channels toward systems transformation.
- Workforce development
- Changing direct practice with families
- Convening and collaboration
- Professionals
Evaluating Joining Forces Collaboration
Community Based Participatory research Model (CPBR)

• Evidence-based collaborative approach to social change

• Engages community members as partners in decision-making and evaluation

• Key ingredients to successful CBPR:
  ✓ Inclusivity
  ✓ Reciprocity
  ✓ Shared leadership
  ✓ Trust

• Results in an authentic collaboration between community members and professionals around complex problems
Together, we can build resilience and fight childhood adversity.

Thank you
THANK YOU