Partnering to Address Adverse Childhood Experiences (ACEs) event recap

Hosted by the Health Policy Institute of Ohio and Franklin County Public Health

The Health Policy Institute of Ohio (HPIO) and Franklin County Public Health (FCPH) hosted a two-part "Partnering to Address ACEs" event on June 17, 2024 in Columbus, Ohio. There was an educational event in the morning and a convening of Franklin County partners in the afternoon. HPIO used funding from its FCPH ACEs mini grant (awarded in the summer of 2023) to support this event.

There were 83 attendees. A full list of attendees is included as Appendix A.

Morning educational event

The event began with opening remarks from:

- Amy Rohling McGee, MSW, President, HPIO
- Theresa Seagraves, MPA, CTTS, Assistant Health Commissioner and Director, Health Systems and Planning, FCPH
- Joel Potts, Chief Government and External Affairs Officer, Ohio Department of Children and Youth

Presentation: ACEs data and prevention strategies
Becky Carroll, MPA, Director of Policy Research and Analysis, HPIO

After a short explanation of ACEs and their impacts, Becky Carroll presented ACEs prevalence data for both Ohio and Franklin County and prevalence data disaggregated by race and income level. This statewide data showed a higher likelihood of exposure to multiple ACEs among Black Ohioans and Ohioans with lower incomes.

Ms. Carroll then described HPIO's Ohio ACEs Impact Project and highlighted key findings. Analysis conducted by HPIO identified the following ACEs as having significant health impacts in Ohio: emotional abuse, sexual abuse and living in a household with someone who has a mental health condition, substance use disorder or who is incarcerated. HPIO analysis also determined that approximately $10 billion could be saved annually in healthcare spending if ACEs exposure were eliminated in Ohio.

Finally, Ms. Carroll introduced 12 evidence-informed, cost-effective ACEs prevention strategies that HPIO elevated for Ohio. All 12 have evidence of preventing the specific ACEs with significant impacts in Ohio. She stressed the importance of both reducing risk factors for ACEs and promoting protective factors. The 12 strategies include:

- High-quality early childhood education
- Early childhood home visiting
- School-based social and emotional instruction

- Family income supports
- Medical-legal partnerships
- Mentoring programs
- Parent/caregiver and family skills training
- Trauma-informed care
- Community-based violence prevention
- Drug courts and family treatment courts
- School-based violence, bullying and intimate partner violence prevention
- Behavioral health treatment

Ms. Carroll added that all 12 strategies are being implemented to some extent throughout Ohio, and there are many organizations in Franklin County doing impactful work to help children and families.

Presentation: Building community resilience: Coalitions for systems change
Wendy Ellis, DrPH, MPH, Director, Center for Community Resilience, George Washington University

Dr. Wendy Ellis introduced the Building Community Resilience (BCR) Process, through which various sectors and systems can coordinate efforts to create stronger communities and prevent ACEs. Dr. Ellis emphasized the importance of hearing and understanding community members' stories to move beyond the data and fully understand what's really happening in communities (i.e., to learn what's "driving despair" among residents). Dr. Ellis said, "When we understand the processes, systems and community output, we can understand the problem more clearly and the opportunities for change." This can also inform who should be at the table for this work.

The BCR Process uses the Pair of ACEs framework, which illustrates the systemic root causes of adverse childhood experiences (ACEs). In this framework, ACEs (the branches and leaves of the tree) are rooted in adverse community environments (the soil), such as discrimination, poor housing quality and violence. Dr. Ellis encouraged attendees to apply this framework to assess systemic drivers of ACEs in Franklin County. She cited housing cost burden as an example, which can prevent parents from securing resources for their children such as child care.

Dr. Ellis described what community resilience looks like, and how partners can create safe and stable environments where children and families can "bounce forward" and thrive. She equated this to wrapping the community in bubble wrap. An equity and trauma-responsive lens must be applied, and community members should be thought of as co-designers when crafting programs or policies. Evaluating the efficacy of the program or policy is also a critical step in this process. If results are publicly shared and discussed, evaluation can promote accountability to community members.

There are many factors that can create a resilient community, including environments that promote social connectedness, access to capital and community agency. Dr. Ellis noted that fear undermines the ability to connect as a community. Fostering resilience should begin with promoting hope and safety to ensure connection with communities and progress towards meaningful change.

Presentation: Healing City Cincinnati: A blueprint for systems change
Lauren Forbes, PhD, MPH, Assistant Professor of Public Administration, University of Cincinnati School of Public and International Affairs

Joining Forces for Children, based in Cincinnati, Ohio is a multi-sectoral, collective impact initiative that is a part of the Building Community Resilience Collaborative. It aims to:

1. Inform and educate about ACEs
2. Build capacity within the community and among parents
3. Identify and implement best practices and evidence-based interventions
4. Facilitate advocacy and policy change

Dr. Forbes explained that Joining Forces for Children aims to achieve systems change through Healing City Cincinnati (HCC) which builds capacity and partnership in neighborhoods, empowers youth and families, and shifts values and policy at a system level. The vision of HCC is to transform Greater Cincinnati into a national model of healing, resilience and racial justice by centering the experiences of trauma exposed children and families in institutional partnerships, programs, and policies.

Healing City Cincinnati (HCC) was inspired by similar work done in Baltimore, Maryland, the first city to require trauma-informed care via legislation. Cincinnati is pursuing similar legislation. Other HCC initiatives so far include trauma training for educators and youth-serving adults, the Cincinnati Collaborative agreement related to police-community relations and local food system investments. Like Dr. Ellis, Dr. Forbes emphasized the value of hope when building resilient communities, as well as measuring impact.

Panel discussion: Effective local ACEs prevention and mitigation work
Moderator: Erika Clark Jones, MPP (CEO, ADAMH Board of Franklin County)
Panelists:

- Neeta Agrawal, MEd (Chief Advancement Officer, Future Ready Five)
- Susan Coffey, LISW-S (Director of Neighborhood Based Healing and Intervention, Columbus Public Health)
- Tracey Colson, MEd (Director of School Improvement and Family Engagement, Whitehall City Schools)
- Naima Ilmi, LSW (UCANN Program Director, Africentric Personal Development Shop)
- Sam Ricks, MBA (Project Manager, Economic Opportunity, Nationwide Children's Hospital)

Five key themes emerged from the panel discussion related to what needs to happen to address ACEs in Franklin County.

1. **Need for additional support for families.** Panelists described a need among Franklin County families for more wraparound services and support to reach financial sustainability (e.g., addressing benefits cliffs) and stressed the critical importance of giving children a strong start. Two examples of specific needs mentioned included additional support for early childhood care and education (Neeta Agrawal) and funeral expenses for families of victims of violence (Susan Coffey).

2. **Need to more effectively connect families to services.** Panelists explained that many families have difficulty accessing services. Naima Ilmi described Franklin County as being "resource rich but connection poor." Tracey Colson advocated for a "one-stop shop" for families to access all the services they need, rather than the current requirement to interact with many separate organizations. Inspired by an audience question, there was also discussion of the need for more community health workers to serve as "connectors."
3. **Partnerships and collaboration among organizations.** Panelists stressed the importance of partnerships and collaboration, noting that relationships and mutual respect are key. They explained that organizations tend to operate in silos and that there is sometimes competition related to who can help a family first. Tracey Colson also felt it was important to engage pediatricians in collaborative work, since they are often a key consistent point of contact with families and are focused on making sure that children have a healthy start.
4. **Support for the workforce.** Panelists acknowledged the importance of supporting staff who serve people who need help to prevent burnout. They encouraged this to be considered for all systems and organizations in Franklin County. Neeta Agrawal specifically highlighted the need to address low compensation among early care and education professionals.
5. **Education for people in the community and funders**. Panelists recommended education on what kids need to be successful, what trauma is and how it impacts children, and how to be trauma-responsive.

HPIO Resources – Coalition building and advocacy
At the end of the morning event, Amy Rohling McGee referred attendees to HPIO's coalition-building and advocacy tools, which were developed as part of the Ohio ACEs Impact project.

Afternoon convening for Franklin County partners

Attendees from Franklin County were invited to stay for the afternoon convening. The intention of this convening was to discuss how to build on existing strengths and work toward a collective, coordinated and actionable plan for addressing ACEs in Franklin County. There were approximately 60 attendees.

Activities and discussion

Convening participants were given the Building Community Resilience Pair of ACEs and Community Resilience tree worksheets and a written copy of the tutorial. Dr. Ellis gave a brief overview of the tutorial. Then, participants were asked to work with those around them to brainstorm examples of adverse childhood experiences and adverse community environments in Franklin County, write them on a Post-it note, and stick them to a poster-size version of the Pair of ACEs tree. All responses are listed in Appendix B. The most common categories of responses were:

- Lack of access to affordable housing (10 responses)
- Violence (including community violence, domestic violence and bullying) (10 responses)

- Mental health challenges and addiction (9 responses)
- Racism and discrimination, including toward the LGBTQ community (also included responses related to police violence/over-policing) (9 responses)

Some participants believed there has been a decline in people-centered policies in communities, as well as policies that facilitate independence for older youth and provide collective support for youth.

Dr. Ellis chose an example from the tree: benefits cliffs. She noted that benefit cliffs are "not a likely suspect as an adverse childhood experience, but unpacking the story allows us to better understand." Benefits cliffs create disincentives, and they are tied to many different systems and policies. The group discussed examples of adverse childhood experiences that could result from benefits cliffs (parental depression and system-driven homelessness), as well as other related adverse community environmental elements (lack of economic and social mobility).

Participants were then asked to do a similar Post-it note exercise with the community resilience tree, which focused on strengths. All responses are listed in Appendix B. The most common categories of responses were:

- Residents receiving supports from support networks (e.g., access to safe and affordable childcare, social supports in housing) (7 responses)
- Residents feeling healthy, safe and emotionally stable (3 responses)
- Connectivity among residents (3 responses)

Community resilience is a strengths-based approach. Dr. Ellis acknowledged that people have more difficulty thinking of strengths and solutions because we are incentivized to identify and fix problems, as opposed to developing solutions based on already existent and flourishing strengths of the community. When asked, participants articulated that success was measured in a community's resilience and is specific to each community. Dr. Ellis stressed the importance of evaluating success with measures that matter to the community.

In the discussion, participants emphasized that a shift from macro-scale policy and legislation to conversations with community members was critical for social cohesion when building community resilience. Dr. Ellis stressed that the more we foster connectivity, the closer we will get to identifying the system changes needed for community resilience. She also emphasized the importance of ensuring personal, community and psychological safety among residents and said, "The day that we fear other humans, there's no hope."

Participant worksheets

After the discussion, participants were given worksheets with three questions:

1. In the next 12 months, what step(s) do you think would be most important and realistic to take to improve child and family well-being, ACEs and trauma?
2. What are our greatest strengths as a community?
3. In what ways could your organization potentially contribute to collective efforts to address ACEs moving forward?

Listed below are the top three response categories for each question and participant response details. All responses for question 3 are in Appendix C.

In the next 12 months, what step(s) do you think would be most important and realistic to take to improve child and family well-being, ACEs and trauma?

The three most common themes in participant responses are listed below:

1. **Assess family needs, identify barriers to resource access, and link families with resources** (6 responses) - Participants discussed the importance of directly asking kids and their parents/caregivers what they need and identifying common barriers families have meeting the needs of their children, such as transportation or poverty.
2. **Policies and investments that support children and families (e.g. housing, workforce development, etc.)** (5 responses) - Participants broadly touched on systems that support well-being (such as housing and health care), but also more specifically noted the need for policy change around trauma-informed care and investment in resources for children and families (such as paid internships for high school students).
3. **Improve and coordinate organizational efforts to better serve families** (4 responses) - One participant wrote that organizations should schedule collaboration meetings to strategize about community education programs and coordinate planning across organizations. Other participants touched on strategies to improve program administration, such as encouraging staff to complete more in-depth ACEs assessments for patients or better trauma-informed treatment for community partners.

What are our greatest strengths as a community?

The three most common themes in participant responses are listed below:

1. **Strength, collaboration and support within the community** (13 responses) - Participants used words and phrases such as "pride," "willingness to keep trying," and "human relationships" to describe a tight-knit community that shows up for one another.
2. **Ample community resources and supports** (4 responses) - Participants noted the sheer amount of resources available to community members, as well as more specific programs, such as the Franklin County Youth-Led Initiative and the Partner4Success Social Emotional Learning Collaborative.
3. **Invested community organizations and providers** (2 responses) - Participants noted a high level of involvement from both hospital systems and community providers.

In what ways could your organization potentially contribute to collective efforts to address ACEs moving forward?

The three most common themes in participant responses are listed below:

1. **Listen and respond to the needs of community members** (8 responses) - Participants noted that their organization should identify families' strengths,

provide resources and education, create space to have community conversations and build resource awareness.

2. **Strengthen partnerships with other community providers** (6 responses) - This could occur through partnering to implement programs, creating methods for referral to community partners or making existing partnerships more efficient.
3. **Strengthen existing community resources** (4 responses) - Participants wrote that their organization could collect relevant data, increase reporting and create a centralized resource and education center.

Appendices

Appendix A. List of attendees

Appendix B. Participant responses on the Pair of ACEs and Community Resilience trees

Appendix C. Participant responses on worksheet question 3: "In what ways could your organization potentially contribute to collective efforts to address ACEs moving forward?"

Appendix A

List of attendees

Name	Organization
Neeta Agrawal	Future Ready Five
Ben Anthony	Ohio State University
W. Shawna Gibbs Ayers	ADAMH Board of Franklin County
Kelley Azzam	Dayton Children's Hospital
Susan Beaudry	Osteopathic Heritage Foundations
Kristen Benninger	Nationwide Children's Hospital
Meshell Blair	Columbus Public Health
Jeremy Blake	Franklin County Coroner's Office
Maleka Brown	Franklin County Office of Justice Policy and Programs
Haley Cappone	Franklin County Office of Justice Policy and Programs
Susan Casto	Columbus City Schools
Erika Clark Jones	ADAMH Board of Franklin County
Susan Coffey	Columbus Public Health
Tracey Colson	Whitehall City Schools
Shannon Cox	Johnstown Schools
Senator Hearcel Craig	Ohio Senate
Judith Davis	CareSource
Melinda Diaz	Columbus City Schools
Mark Dodley	Columbus Public Health
Tahira Easley	Columbus Public Health
Robert Edwards	Nationwide Children\'s Hospital
Wendy Ellis, DrPH, MPH	Center for Community Resilience at George Washington University Milken Institute School of Public Health
Jeannette Eveland	Columbus City Schools
Nettie Ferguson	ADAMH Board of Franklin Ohio
Lisa Fleischer	Franklin County Children Services
Zaneta Flowers	Ohio Commission on Minority Health
Lauren Forbes, PhD MPH	Joining Forces for Children
Gregory Foster	UMADAOP of Franklin County
Mackenzie Foster	Lorain County Public Health
Kelsey Fox	United Way of Delaware County
Bailey Gano	Delaware-Morrow Mental Health and Recovery Services Board
Kristin Gilbert	Ohio CASA/GAL Association

Stacy Girdler	The Buckeye Ranch
Bianca Guynn	Ohio Department of Children and Youth
Kadance Hall	Starfish Associates
Stefanie Hall	Starfish Associates
Cody Hatten	Franklin County Office of Justice Policy and Programs
Amy Hawthorne	Ohio Mental Health & Addiction Services
Bridget Henebry	The State of Ohio Adversity and Resilience Study
Megan Heydlauff	Ohio CASA/GAL Association
Kristin Howard	Franklin County Public Health
Kyle Howard	Paint Valley ADAMH Board
LeAsia Huddleston-Partlow	Columbus Public Health
Allie Humenay	Franklin County Children Services
Naima Ilmi	Africentric Personal Development Shop Inc. (APDS)
Jessica Isler	Franklin County Public Health
Robin Jackson	Columbus City Schools
Candace James	Ohio Commission on Minority Health
Darnetta Jefferson	Columbus Public Health
Shavonne Jones	City of Columbus OVP
Hannah Josefczyk	Fairfield County Health Department
Robbin Kendall	Center for Public Health Innovation/ Columbus Public Health
Tifani Kendrick	Urban Strategies, Inc.
Chelsea Klosterman	Columbus Public Health
Jonathan Kraus	Ohio Department of Health
Giselle Lindsay	Ohio Commission on Minority Health
Christy Lumpkins	Nationwide Children's Hospital
Patrick McLean	Franklin County Coroner's Office
Beatrice Miller	Columbus Public Health
Kelly Morris	Carroll county General Health District
Lauren Mussenden	United Way of Delaware County
Madison Nurre	Center for Injury Research & Policy - Michaels Lab
Nathaniel Overmire	Franklin County, Coroner
Brittany Paliswat	United Way of Greater Stark County
Alicia Payne	Franklin County Office of Justice Policy and Programs
Lauren Perry	Butler County Family and Children First Council
Joel Potts	Ohio Department of Children and Youth
Adrianne Price	United Way of Greater Stark County
Tanikka Price	Health Impact Ohio

Lisa Retterer	Columbus City Schools
Hannah Richards	CompDrug
Sam Ricks	Nationwide Children's Hospital
Denise Ruby	Ross County Health District
Theresa Seagraves	Franklin County Public Health
Ashley Skelly	Counselor
Savana Sprague	Franklin County Office of Justice Policy and Programs
Duane Stansbury	Warren County Health Commissioner
Charleta Tavares	PrimaryOne Health
Brande Urban	United Way of Delaware County
Amanda Wattenberg	OhioGuidestone
Taylor Weigle-Niese	Nationwide Children's Hospital
Marcia White	Franklin County Office of Justice Policy and Programs
Lisa Winkler	Carroll county General Health District

Appendix B

Participant responses on the Pair of ACEs tree:

- Youth violence and effects on education
- Being disowned by parents based on identity
- Bullying, harassment, and alienation based on gender
- Corporal punishment, neighborhood violence, parental substance use, police violence (sustained and witnessed)
- Homicide & effects of death in the family & community
- Incarceration (jail or prison)
- One organization has to have people call at midnight to get an appointment
- Bathroom laws
- Anti-trans legislation and rhetoric
- Ableism—lack of appropriate accommodations
- Institutionalized racism + no corrective empowerment + healing
- Over policing, fractured families, failure to rehabilitate or care for formerly incarcerated
- Franklin County's high rate of eviction/lack of affordable housing
- Low rates of kindergarten readiness
- Family dysfunction
- Generational trauma/abuse/neglect
- Positive parenting not present in the home and absenteeism
- Substance abuse: due to community displacement, poverty and lack of accessible healthcare
- Language
- Dependency on the system
- Lack of community connection; how will our new virtual world impact future society?
- Lack of access to high quality school programming (systemic)
- Generational trauma
- JFS no continuity for services
- Funders supporting prevention motives at lower levels than treatment
- Violence—lack of community opportunities for engagement
- Lack of innovation in social media training for youth (do better adults)
- Access to early and affordable quality childcare
- Frequent moves—housing and schooling
- Bullying
- Lack of mental & emotional well-being
- Community violence
- Suicide
- Access to nutritious food
- Benefits cliff
- No grocery store
- Paying experts to tutor children instead of youth or siblings
- Not hiring neighbor resident youth for summer interns instead of college students who live outside community
- Out of state investors
- Lack of affordable housing

- Lack of healthy food recipes and access
- Lack of access to resources
- Lack of connection to resources
- Lack of trust
- Media reporting on gun violence but not reporting on youth engaged in civic service
- Lack of community member connection to establish safe adults for children
- Business owners not hiring individuals that live in the community where it is located
- Systemic historic racism
- Access to quality healthcare
- Affordable healthcare
- Comprehensive transit options
- Lack of accessibility to affordable and quality childcare
- Mixed income housing
- Lack of support for and access to mental health and substance use disorder treatment
- Generational abuse, neglect, & poverty
- Health literacy gap
- Unsafe neighborhood and built environment
- Housing instability
- Generational poverty
- Caregiver instability & inconsistency
- Witnessing violence between adults in the home
- Support to sustain resources provided to families and education to prevent cyclic disparities
- Affordable housing
- Housing—lack of, affordability, homelessness
- Addiction & effects of addiction on families & communities
- Incarceration
- Witnessing substance use by adults in the home
- Gun violence
- Mental illness
- Homelessness
- Poverty
- Discrimination
- Housing
- Affordable & safe housing
- Infant mental health recognition & support (including prenatal)

Participant responses on the Community Resilience tree:

- Community response—locally
- Community-defined support
- Asset (People) based
- Increased emotional stability
- Healthy families
- Providers housed in each school district
- Equitable resources & wages
- Ensured caregiver leave (that is PAID) illness, emergency, bereavement

- Funded kindship care, or even better, greater benefits for families BEFORE they end up there
- Access to childcare that is safe and affordable
- Neighborhood longevity
- Lower crime due to met basic needs
- People feel sense of safety
- Media reporting good news & thriving
- Summer jobs—internships
- Youth-led empowerment
- Increased connectivity
- Support system navigation
- Children's literacy improves
- Access to wellness, stress reduction practice
- Common interest groups
- Social supports in housing models
- Knowing your neighbor
- Talking to our neighbors and being involved

Appendix C

Participant responses to worksheet question 3: "In what ways could your organization potentially contribute to collective efforts to address ACEs moving forward?"

I would like to see NCH stand up to bad policy and advocate louder, even in the face of the Ohio General Assembly pushback.
Sharing the Helping Children with Loss program offered through the Grief Recovery Institute in conjunction with Lois Hall
Helping children with Loss programs through the Grief Recovery Institute
Collecting relevant data, listening and responding to community members and partner with others to implement programs alongside residents
More efficient partnerships, maybe even a provider registry for individuals not just agencies
By providing (and linking) justice-involved citizens with services, their improved lives could create stability and prosperity for their families & children
Increasing the education and certification for present and future Community Health Workers. Healthimpactohio.org
Listen and hear the needs of the client and give them resources/ideas that could help them
Working together, safe places for domestic violence, report what you see
Become intentional about building connections and awareness of the many resources that are available
Centralized resource & education center, database to refer residents from VFS to Community Partners
Inreach and continued outreach
Identifying families' strengths
Through collaboration with community partners
Providing resources, education and support
First need to start with space to have intentional conversations that support curiosity instead of defensiveness