



Arkansas
Nonprofit
Initiative



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1. Mission

Accelerate charitable organizations' effectiveness, impact, and sustainability through technical assistance and public policy advocacy.

2. Membership

Membership is open to most* nonprofit organizations in the state. There is no membership fee.

3. Evaluation

Upon joining, members will receive a comprehensive analysis of where their organization is in the nonprofit lifecycle.

4. Services

Services and resource referrals will be tailored to each member's lifecycle stage and current needs.

5. Strategic Partnerships

ANI is developing strategic partnerships to leverage existing resources and to develop solutions to fill gaps.

6. Theory of Change

Nonprofits in Arkansas can reach peak performance and impact when provided with structure, accountability, and community.

Principals: Scott Perkins | Janie Cinocchio
Email: sperkins@arnonprofits.com | jcinocchio@arnonprofits.com

*Churches are currently excluded.

**By the
Numbers,
continued**



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10. Public Policy

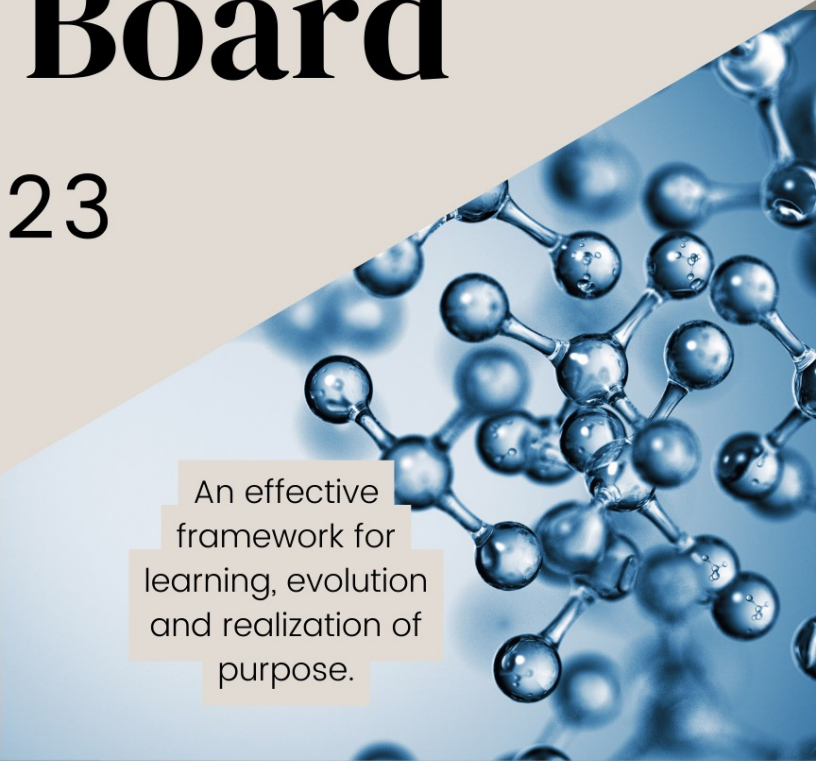
ANI will pursue a member-driven public policy agenda during legislative sessions, conduct legislative trend analysis, provide training on public policy advocacy for members, and provide access to specialized lobbying and media support through Level Up Consulting.

Vision Board

2023



A trusted source to meet nonprofits where they are



An effective framework for learning, evolution and realization of purpose.



A robust, easy to understand system of measurement for nonprofits



Assist nonprofits in effectively communicating their impact through data transparency



Create a culture of collaboration and mutual benefit



Facilitate Communities of Purpose to maximize organizational and community impact

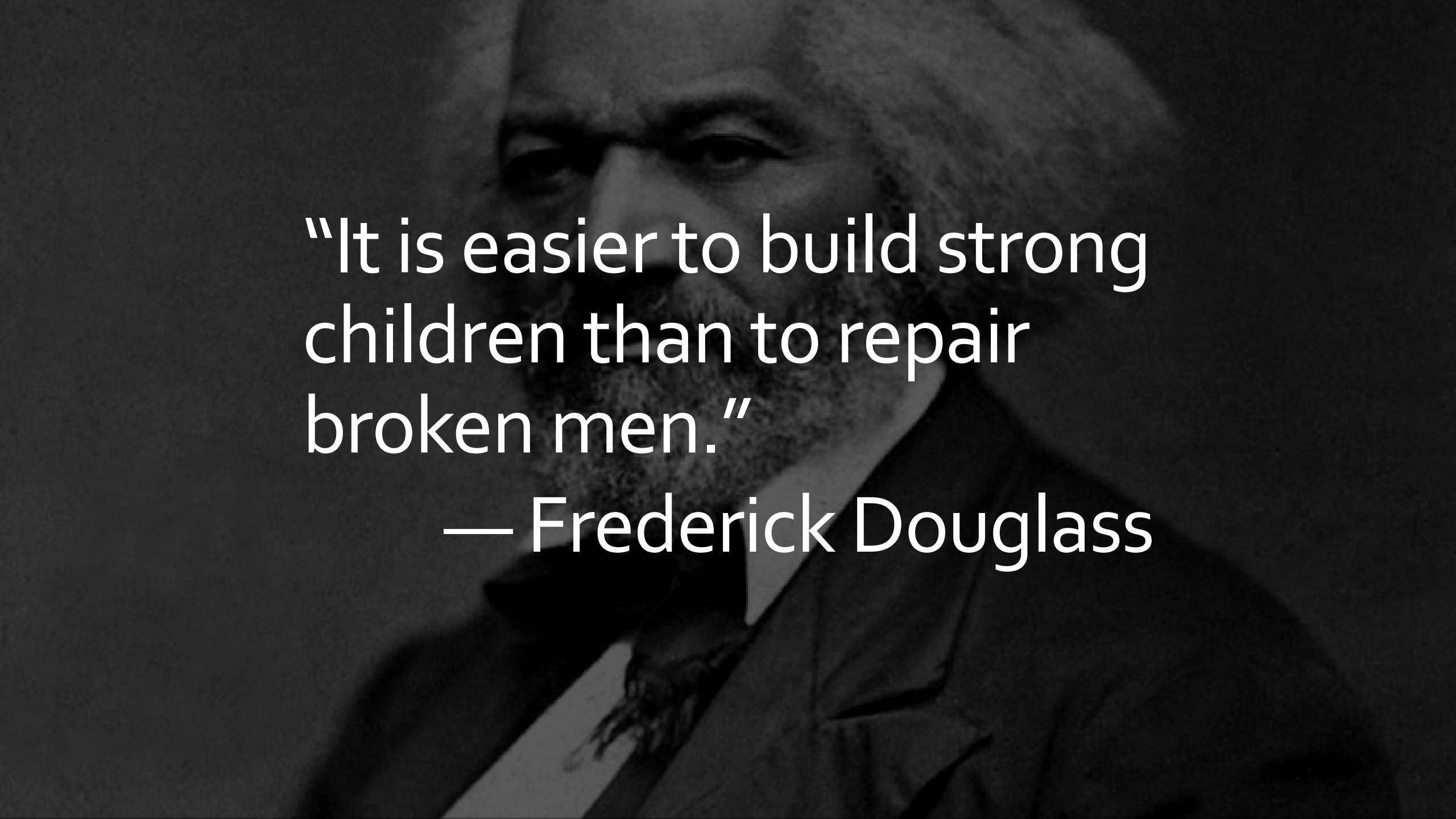
Positive and Adverse Childhood Experiences

Implications for Public Policy

Janie Ginocchio, MPA
Scott Perkins



Arkansas
Nonprofit
Initiative



“It is easier to build strong children than to repair broken men.”

— Frederick Douglass



Adverse Childhood Experiences

When Sociology Becomes Biology

Adverse Childhood Experiences Study

THREE CATEGORIES OF ADVERSE CHILDHOOD EXPERIENCES

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



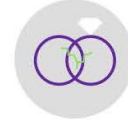
Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

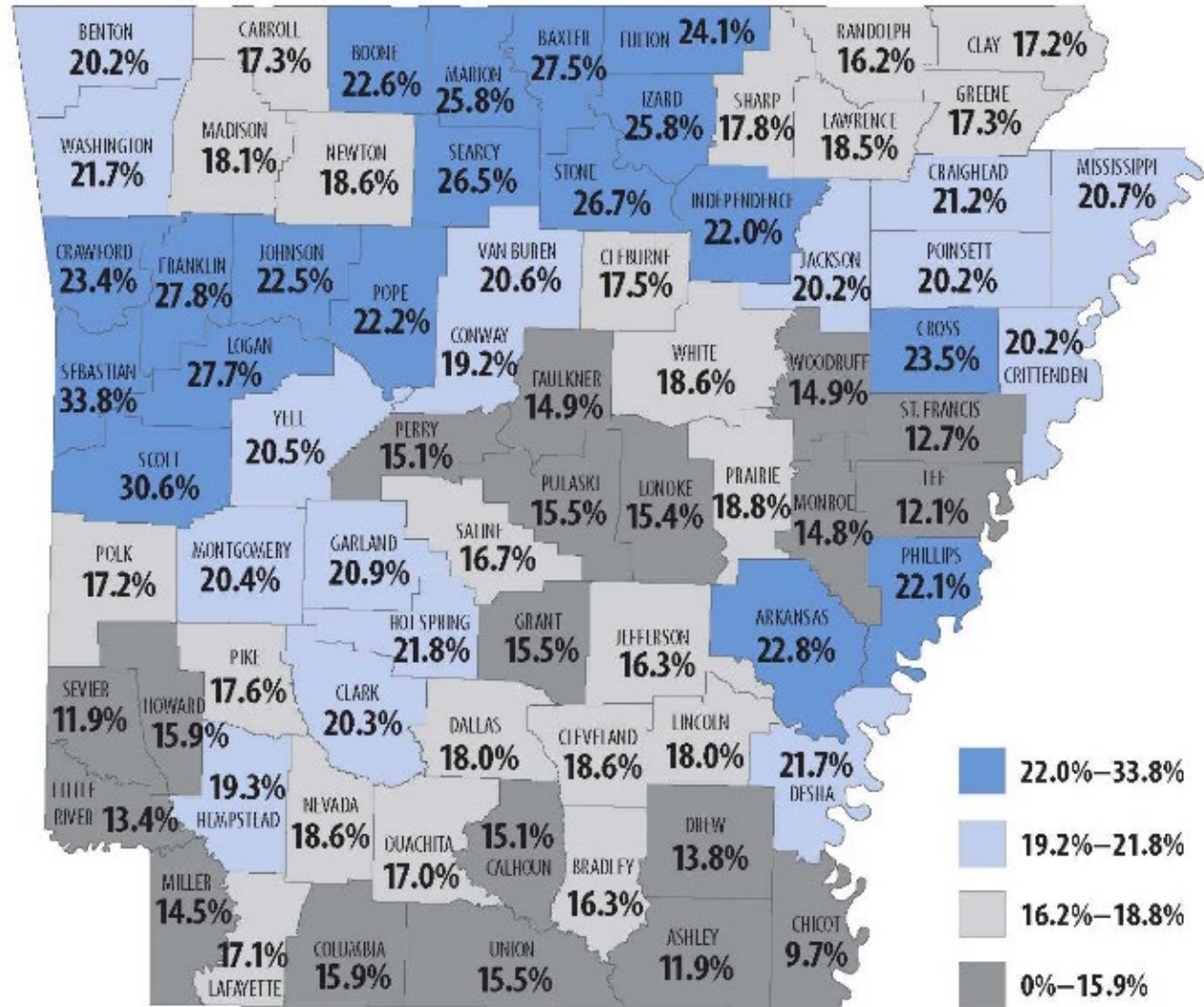
Image courtesy of the Robert Wood Johnson Foundation

ACEs and Health Outcomes

Leading Causes of Death in US, 2020	Odds Ratio Associated with ≥ 4 ACEs
1. Heart Disease	2.2
2. Cancer	1.9
5. Stroke	2.4
6. Chronic Lower Respiratory Diseases	3.9
7. Alzheimer's	4.2
8. Diabetes	1.6

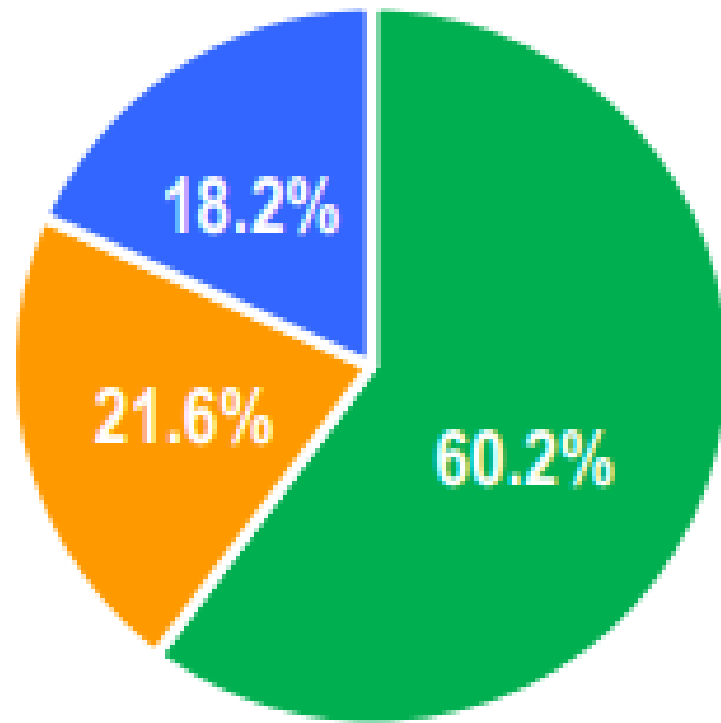
CDC (2022). Leading Causes of Death. Retrieved from www.cdc.gov/nchs/fastats/leading-causes-of-death.htm. Felitti, et al., 1998.

Adults Who Have Experienced 4 or More ACEs (2016 BRFSS Estimates)



*State percentages calculated using county totals and may differ slightly from state-level BRFSS estimates.

US children with ACEs, 2018-19¹

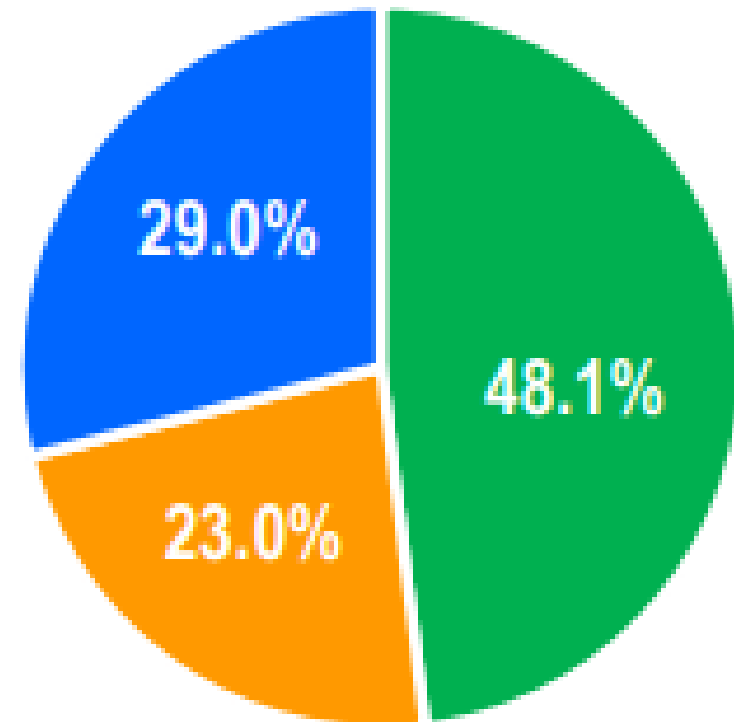


■ No ACEs

■ 1 ACE

■ 2+ ACEs

Arkansas children with ACEs, 2018-19¹



■ No ACEs

■ 1 ACE

■ 2+ ACEs

Key References: ¹Child and Adolescent Health Measurement Initiative (CAHMI), Data Resource Center for Child and Adolescent Health, 2018-2019 National Survey of Children's Health Interactive Data Query, (www.childhealthdata.org);

CAHMI Report Number: 2019-28



Thanks to Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit [ACESConnection.com](https://www.acesconnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

A Driver of Negative Outcomes for Kids

- In a Florida survey of 64,329 juvenile offenders, 97% had at least one ACE
- UAMS Early Head Start ACEs study
 - 2.58x more likely to be held back a grade
 - 2.65x more likely to receive special education services
 - 5.36x more likely to engage in aggressive behaviors

See the references slide for study citations.

Levels of Stress

Positive

- Brief increases in heart rate, mild elevations in stress hormone levels
- *Example: Taking a test*

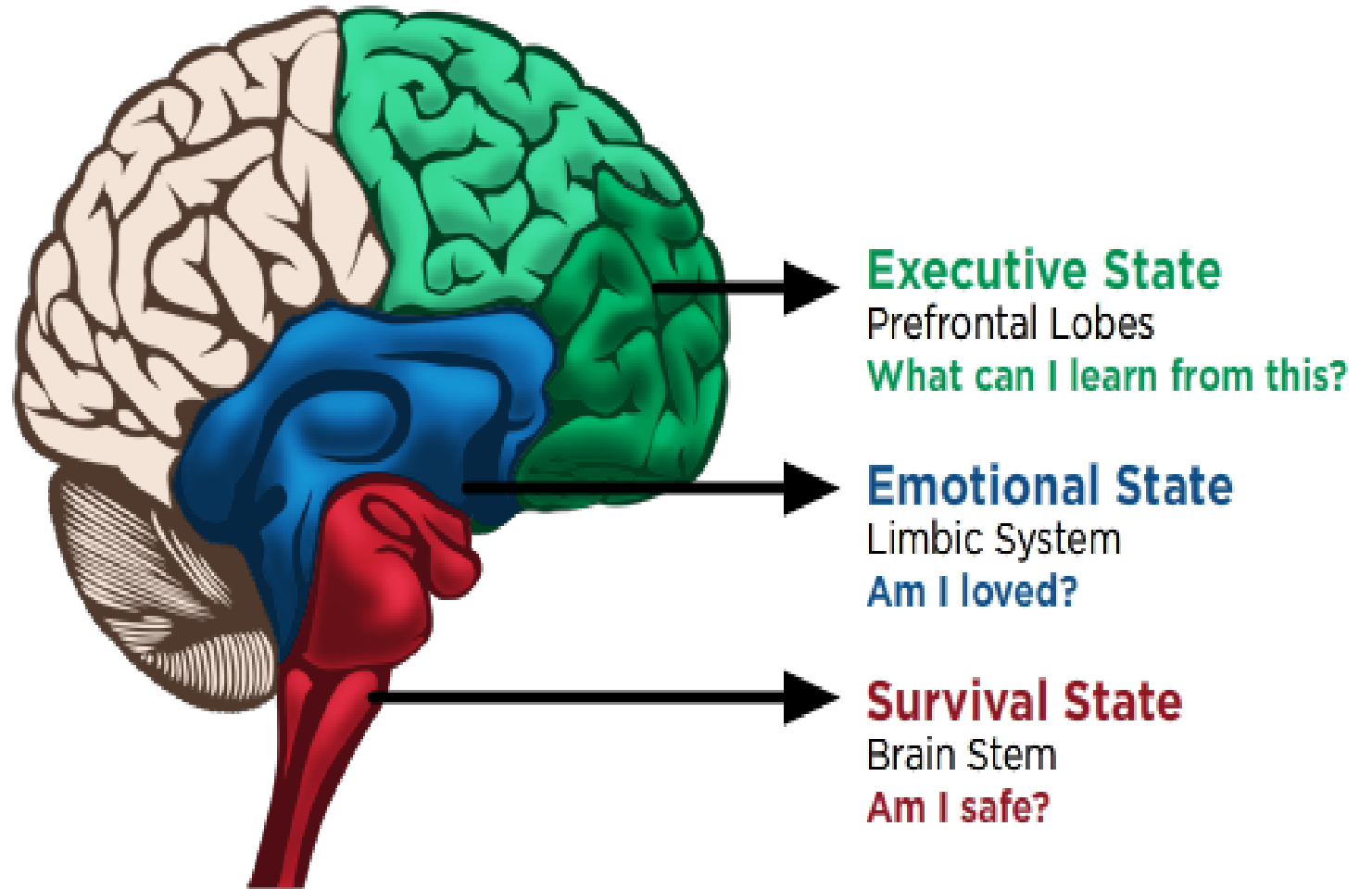
Tolerable

- Serious, temporary stress responses, buffered by supportive relationships
- *Example: Surviving a natural disaster with positive support*

Toxic

- Prolonged activation of stress response systems in the absence of protective relationships
- *Example: Ongoing abuse*

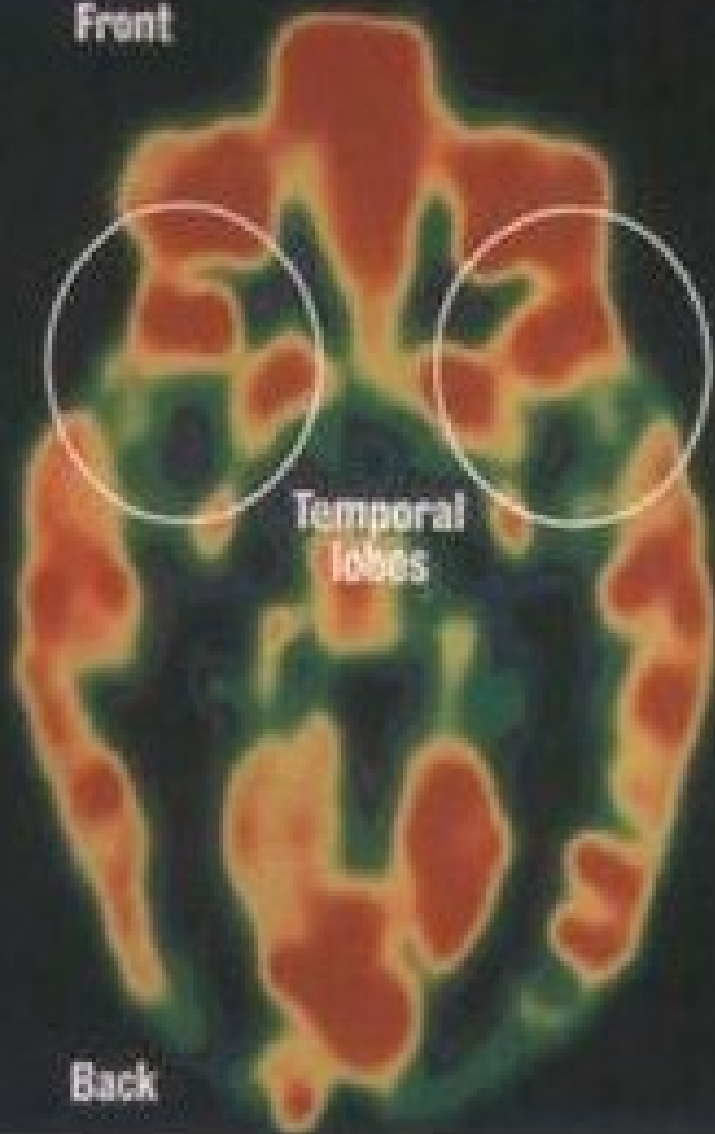
Stress Affects Our Brain Function



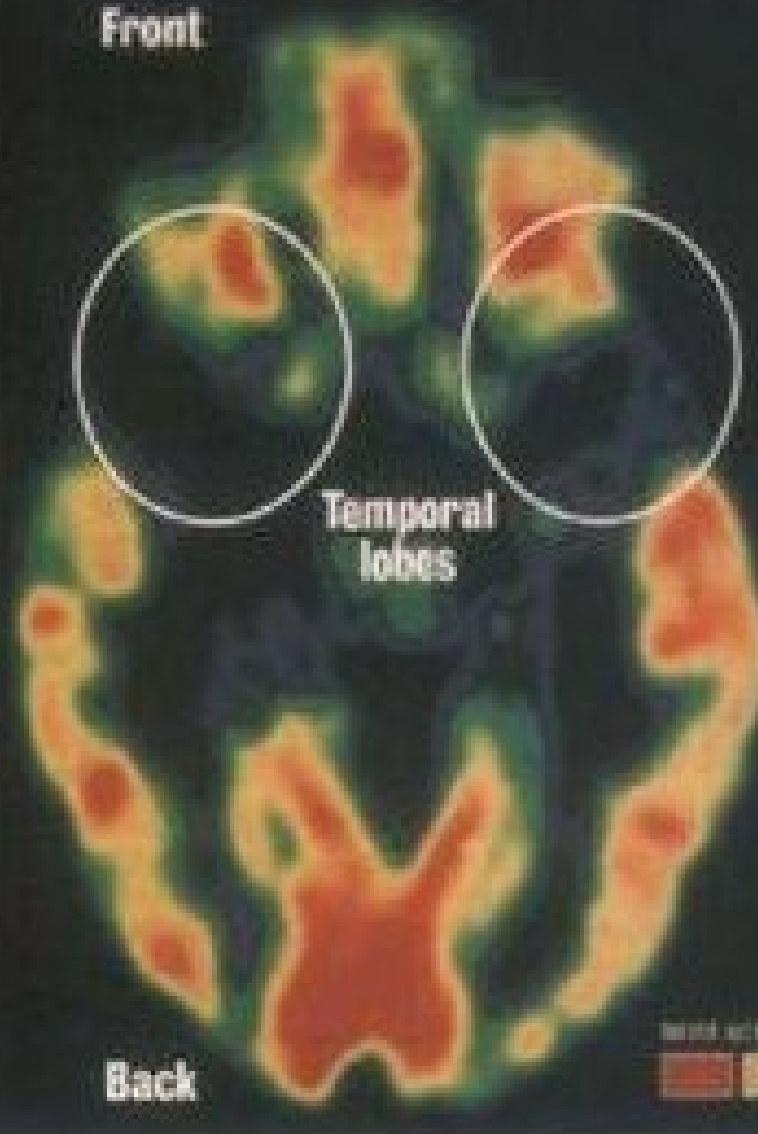
Healthy Brain

This PET scan of the brain of a normal child shows an excess of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem function; all regions like the temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

Front

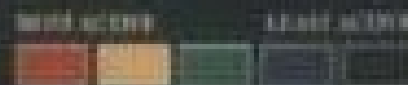


Front



An Abused Brain

This PET scan of the brain of a 10-month-old child, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



A photograph of a library interior. Tall, dark grey bookshelves filled with colorful books line the walls. Three large, arched windows with white frames are set into the wall, allowing bright light to fill the room. The floor is a light-colored, polished surface.

Historical and Generational Trauma

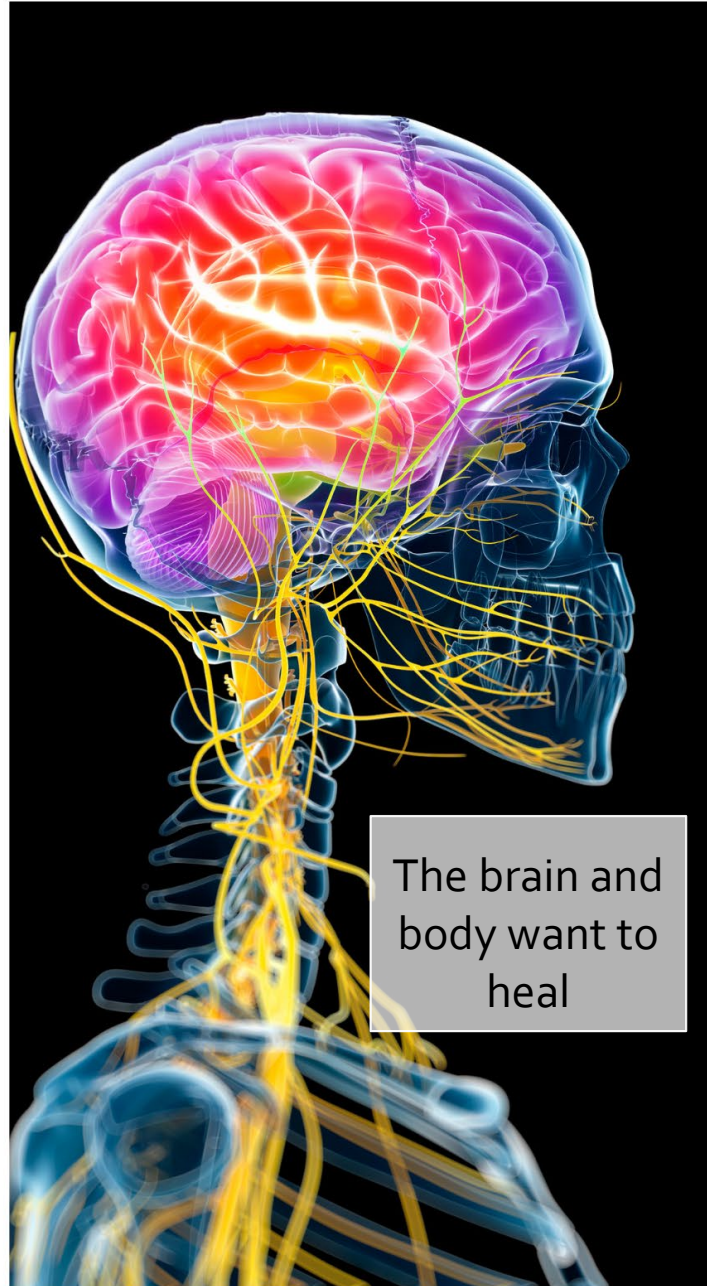
- Toxic stress changes how our genes are read and expressed
- Creates long-term changes in body and brain
- Changes can be handed down generationally



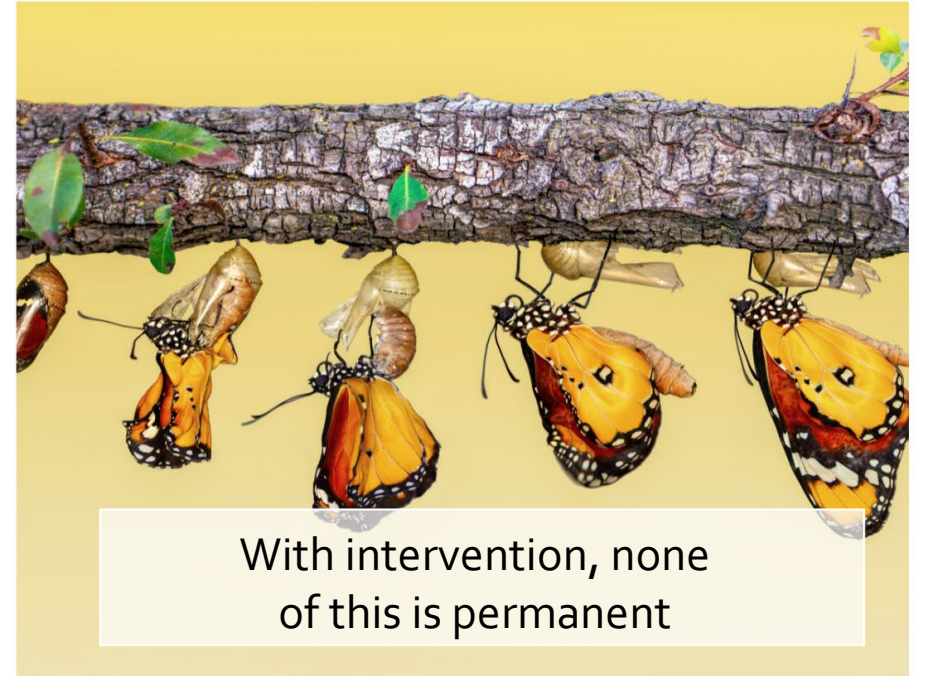
Positive Childhood Experiences

The Antidote to ACEs

The Good News



The brain and body want to heal



With intervention, none of this is permanent



Healing happens through supportive environments and relationships

Positive Childhood Experiences

- Feeling like family stands by one in difficult times
- Feeling safe and protected by an adult in the home
- Live in a protective home environment
- Have a mother who is healthy
- Live in safe and supportive neighborhoods

Positive Experiences Outweigh the Bad

- Almost half the children who have experienced ACEs also exhibited resilience
- Juvenile offenders with 6 or more PCEs were less likely to re-offend
- Greater family connection is associated with greater levels of flourishing in young adults with diabetes
- UAMS Study
 - A highly cohesive family protected male children from the negative effects of community violence

See the references slide for study citations.

Interventions

- Holistic, multi-sector efforts to support parents and children
- Parent education
- Trauma-aware institutions
- Using best practices in trauma-informed community building

Current Programs

- Arkansas Department of Education – Arkansas AWARE
- UAMS Research and Evaluation Division
- Arkansas Building Effective Services for Trauma (ARBEST)
- Administrative Office of the Courts
- ASU Early Childhood Services – Conscious Discipline training
- DHS Early Childhood – Behavior Help Line
- DCFS
- Criminal Justice Institute – Handle with Care Program
- Circuit Court Judges
- Juvenile Probation Programs
- Arkansas Department of Health

Neighboring States

- Tennessee – Building Strong Brains Initiative
 - Public/private partnership for culture change
 - Champions across all branches of government
 - Evidence-based
 - Empowers communities
- Oklahoma
 - Addressing data gaps
 - Shift from treatment to prevention
 - Using data to unify stakeholders
 - Appropriating federal funding for prevention efforts

“The single most important thing that we need today is the courage to look this problem in the face and say, this is real and this is all of us. **I believe that we are the movement.**”

— Dr. Nadine
Burke Harris





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References

- **Slide 9**
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https://www.prisonpolicy.org/scans/Prevalence_of_ACE.pdf
 - McKelvey LM, Edge NC, Mesman GR, Whiteside-Mansell L, Bradley RH. Adverse experiences in infancy and toddlerhood: Relations to adaptive behavior and academic status in middle childhood. *Child Abuse Negl.* 2018 Aug;82:168-177. doi: 10.1016/j.chiabu.2018.05.026. Epub 2018 Jun 13. PMID: 29908436.

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- **Slide 17**

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- Lorraine M. McKelvey, Nicola A. Connors-Burrow, Glenn R. Mesman, Joy R. Pemberton & Patrick H. Casey (2015) Promoting Adolescent Behavioral Adjustment in Violent Neighborhoods: Supportive Families Can Make a Difference!, *Journal of Clinical Child & Adolescent Psychology*, 44:1, 157-168, DOI: 10.1080/15374416.2014.895939

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A Case Study of Building Strong Brains Tennessee: An Initiative to Address Adverse Childhood Experiences and Become a Trauma-Informed State

MARCH 2021



Executive Summary

Adverse childhood experiences (ACEs) can have a significant impact on a person's life, including on their health and well-being into adulthood. Interest in preventing and addressing the consequences of ACEs has grown across sectors and is shaping policy discussions among state and local leaders who are eager to build capacity to support effective prevention and intervention. Building Strong Brains Tennessee (BSBTN) is a public/private partnership established to prevent and mitigate the impacts of ACEs for all Tennesseans and to promote statewide economic development and prosperity. BSBTN is jointly led by the executive, legislative, and judicial branches of state government and mobilizes knowledge derived from the science of brain development and communication science.

The National Governors Association Center for Best Practices (NGA Center), in partnership with the Duke-Margolis Center for Health Policy (Duke-Margolis), have established a 5-state learning collaborative on ACEs. In this case study, NGA Center, Duke-Margolis and a former Tennessee leader highlight BSBTN and its key elements of success as one model from which other states can learn. Success of the initiative can be attributed to the widespread commitment to address, prevent, and educate throughout the state about the long-term impact of ACEs. The following factors are critical to the success of BSBTN:

- ▶ **Champions across the three branches of government, among foundations and within the community.** Strong leaders at every level embedded the mission of BSBTN in public remarks, policy discussions and in the community.
- ▶ **Public/Private Collaboration.** The public/private relationships that serve as the foundation for BSBTN's structure has assured local solutions are being developed to address community issues.
- ▶ **Empowering Communities to Act.** Communities—fundamental to the success of BSBTN—were prepared and supported by the three branches to act and innovate.
- ▶ **Focus on Creating Culture Change.** Transforming thinking and actions across all functions of society led to culture change, emphasizing making changes in an individual or groups' own sphere of influence.
- ▶ **Evidence-Informed Messaging.** Extensive use of research-tested terminology and methods of communication permitted common understandings of the mission and expectations for culture change. BSBTN also periodically assessed what works and refined their approach knowing culture change is not a sprint but a marathon.
- ▶ **Sustainable Resources.** Financial, in kind, and programmatic supports across government and from key partners helped get the initiative off the ground and maintain ongoing work. Approaches to assure sustainability both with and without dedicated fiscal resources were critical to facilitating future work.

Introduction

Adverse childhood experiences (ACEs), such as physical and emotional abuse or neglect, or domestic violence, can have a significant and sustained impact on a person's life expectancy and overall health and well-being.¹ A milestone 1995 study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente found a strong correlation between a high number of ACEs and increased likelihood of poor health outcomes as an adult, as well as having a negative impact on academic achievement, time away from work, and early death.² CDC estimates that “61% of adults had at least one ACE and 16% had 4 or more ACEs.”³

Interest in preventing and addressing the consequences of ACEs has grown across sectors. That interest is increasingly shaping policy discussions among state and local leaders who are eager to build capacity to support effective prevention and intervention. This interest in ACEs, alongside state work on addressing the needs of the whole family through multi-generation approaches and state implementation of the Family First Prevention Services Act, has increased interest in social emotional learning and trauma-informed schools. Action to address families impacted by the opioid crisis is also building a groundswell of support to move state policy, programming, and funding toward concrete solutions.

The long-term impact of ACEs and trauma on health and behavior is an issue gaining increasing recognition among state policymakers. The National Governors Association Center for Best Practices, in partnership with the Duke-Margolis Center for Health Policy and a former leader in Tennessee's strategic implementation of Building Strong Brains Tennessee, are currently working with five states — **Delaware, Maryland, Pennsylvania, Virginia, and Wyoming** — to develop sustainable state-level strategies to prevent and mitigate childhood traumas associated with ACEs. The project features [Building Strong Brains Tennessee](#) (originally known as the Building Strong Brains Initiative) as a leading example of a statewide intervention to achieve a sustained culture change through implementing a philosophy, policies, programs, and practices aimed at preventing ACEs and changing the course of childhood trauma.

Building Strong Brains Tennessee (BSBTN) is a public/private partnership that was established to prevent and mitigate the impacts of ACEs for all Tennesseans and to promote statewide economic development and prosperity. BSBTN is jointly led by the executive, legislative, and judicial branches of state government and mobilizes knowledge derived from the science of brain development and communication science, often referred to by Tennessee as a three-branch, two-science approach. BSBTN sought to achieve culture change across all sectors and across all levels of government and community, emphasizing the importance of taking ownership over an individual's or group's own sphere of influence (Figure 1). The initiative was built upon a three-pronged philosophy:

- ▶ Investments in childhood can produce long-term improvements in the cognitive and social development of children. This investment is important to building healthy, strong future generations and citizens.
- ▶ BSBTN's goal is to make sure all Tennessee children have what they need to thrive.
- ▶ Understanding how the future prosperity of Tennessee depends on building strong brain architecture in early years has crystallized in a way that makes it imperative to act.⁴

BSBTN introduced the [Brain Architecture analogy](#) to the public, which explains the idea that the basic architecture of the human brain is constructed through an ongoing process that begins before birth and continues into adulthood. Like the construction of a home, the building process begins with laying the foundation, framing the rooms and wiring the electrical system in a predictable sequence. Early experiences shape how the brain is built, establishing either a sturdy or a fragile foundation for the development and behavior that follows, and establishing a strong foundation early on is easier than addressing issues later in life. This metaphor articulates values important to Tennesseans, including future prosperity and success, described effects of trauma and roles of communities in building resilience, and includes a call for change in the culture. It provides common language stakeholders can use when communicating about ACEs, trauma, and healthy social/emotional and physical development.

Figure 1: BSBTN Elements of Culture Change

PREVENTION, MITIGATION AND TREATMENT OF ADVERSE CHILDHOOD EXPERIENCES
ANTICIPATED MULTI-SECTOR, MULTI-LEVEL PUBLIC AND PRIVATE IMPACTS

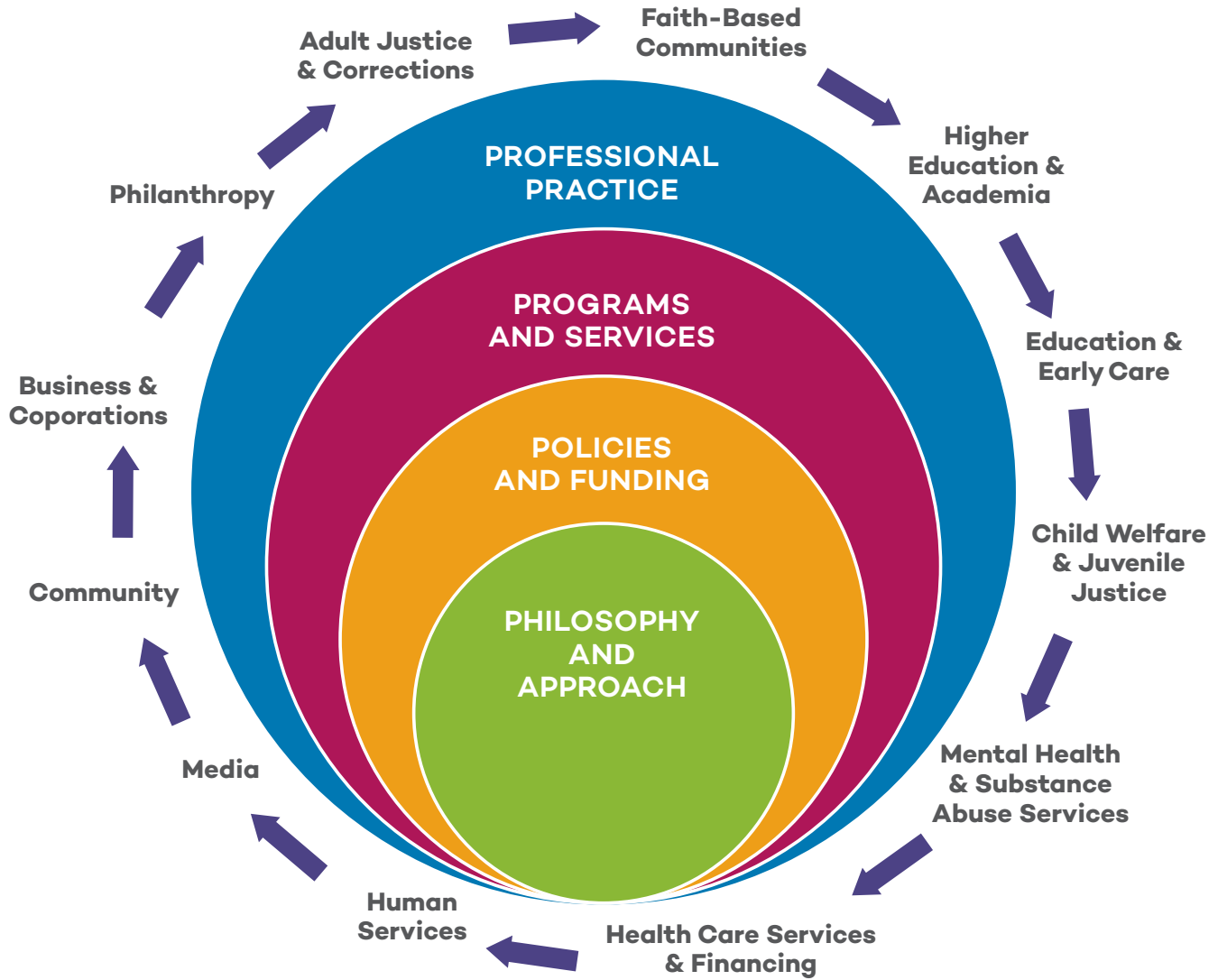


Figure 1 demonstrates the framework BSBTN's coordinating team developed, which recognizes all stakeholders' and sectors' capacities for strategic transformation within their own spheres of influence. BSBTN sought to achieve culture change through transformation in prevention, mitigation, and treatment of ACEs at four levels, referred to as "the 4Ps."

Governance and Infrastructure

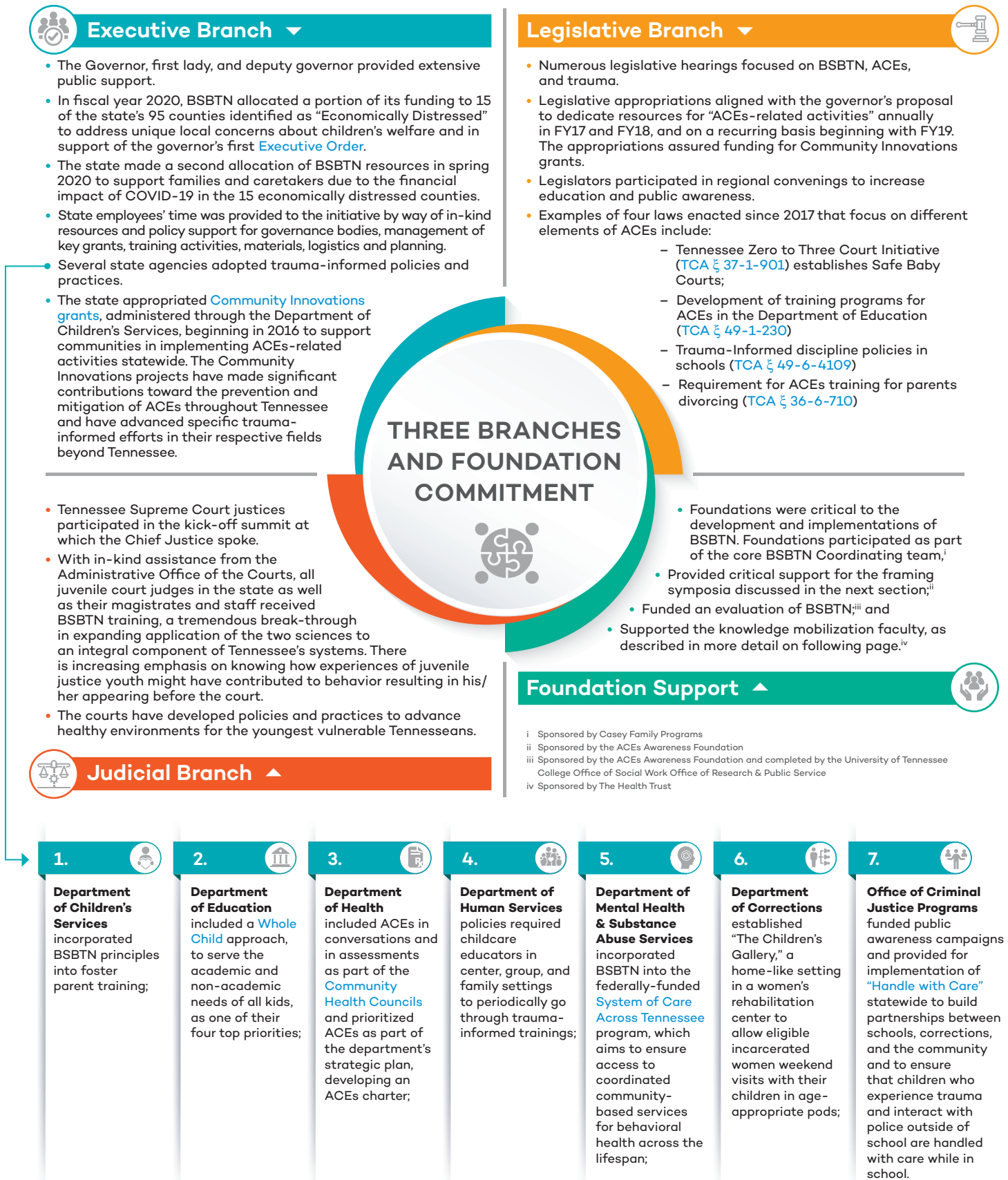
Critical to the success of BSBTN is a strong governance and infrastructure model that relies on all three branches of government, as well as key stakeholders in the community. The three branches institute (now dormant), a public and a private-sector steering group, and a small coordinating team helped to guide the collective efforts of BSBTN in the state (Figure 2). The steering groups met individually and jointly, emphasizing how public/private partnerships are foundational to BSBTN.

Figure 2: BSBTN's Governance Structure

Group	Three Branches Institute	Public Sector Steering Group	Private Sector Steering Group	Coordinating Team
Membership	Executive branch child-serving departments— Children Services, Health, Education, Human Services, Mental Health & Substance Abuse—plus Children’s Cabinet, Commission on Children and Youth, TennCare plus Labor and Workforce Development, Department of Corrections, TN Bureau of Investigation, and Administrative Office of the Courts	Comprised of ranking staff of the Departments of Children’s Services, Education, Health, Human Services, Intellectual & Developmental Disabilities, Mental Health & Substance Abuse, Office of Criminal Justice Programs, Commission on Children & Youth, and University of TN Extension Services	Comprised of providers, trade associations, community organizations, advocates, foundations, policy researchers, medical society, hospitals, chamber of commerce, and clergy	Comprised of ranking staff of the Departments of Children’s Services, Health, Education, Human Services, and Tennessee Commission on Children and Youth, plus three representatives of the private sector (two of whom co-chair the Private Sector Steering Group) and two foundations
Function	The oversight body to which BSBTN is held accountable, has to gain consensus from on priorities, and which has to approve activities and use of funds	Guides state efforts to implement state-level policy and program approaches to prevent and mitigate ACEs, coordinate interagency ACEs-related activities, and build on work already occurring in state agencies	Serve as extenders of BSBTN’s mission and as implementers of ACEs-informed strategies within their organizations, regions, and local communities	Provides overall guidance, input, and administrative oversight of BSBTN. Relies on input from the Steering Groups to share knowledge
Engagement Model	Collective impact. Met quarterly 2011-2019, now dormant	Consensus model. Convenes individually and jointly with the Private Sector Steering Group on a quarterly basis	Consensus model. Convenes individually and jointly with the Public Sector Steering Group on a quarterly basis	Meets weekly to set a course of action

The executive, legislative, and judicial branches provided strong in-kind as well as programmatic and policy support for the three branches institute and for BSBTN (Figure 3).

Figure 3: Three Branches and Foundation Commitment



Turning Knowledge into Action

BSBTN engaged in what came to be known as knowledge mobilization to implement the idea that knowledge must be put into action within one's respective environments and roles. The Building Strong Brains Initiative kick off Summit focused on exposure to the two sciences and was attended by state and local government officials, community leaders, legislators, judges, philanthropists, educators, academics, professionals, trade organizations, clergy, and media. An early priority for BSBTN was the use of evidence-based communication to create a common language and a common lens through which to discuss and view child development. This first influential step created an understanding of the potential harmful effects of trauma on brain development. The next step was the widespread adoption of the two-sciences approach to addressing, preventing, and mitigating ACEs, building resilience, and being trauma informed.

AN EARLY PRIORITY FOR BSBTN WAS THE USE OF EVIDENCE-BASED COMMUNICATION TO CREATE A COMMON LANGUAGE AND A COMMON LENS THROUGH WHICH TO DISCUSS AND VIEW CHILD DEVELOPMENT.

Seminal components of the knowledge mobilization path included building scientific and policy understanding through three scientific symposia, learning how to apply communications to brain science through four convenings hosted by the FrameWorks Institute, widespread training, and subsequently building and sustaining grassroots momentum through localized knowledge mobilization teams.

Build Scientific and Policy Understanding

BSBTN hosted three scientific symposia focused on the science of biology/physical science, programmatic innovations; and policy innovations (see recordings from Symposium 2 [here](#)). Experts from across the U.S. and Canada shared information on topics that informed Tennessee's direction and actions. The sequence of applying communication science in each of the symposia strengthened the case for using a common language.

Learn How to Apply Communication to Brain Science

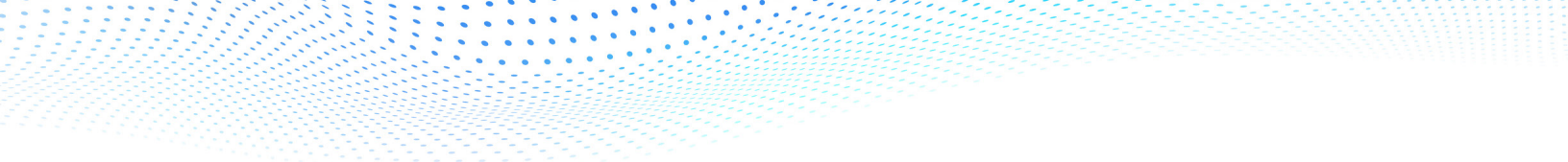
BSBTN partnered with the [FrameWorks Institute](#), an interdisciplinary team of social scientists, linguists, and communications practitioners who work with advocates, policy makers, funders, and others to frame complicated social and scientific issues in understandable, actionable terms. In collaboration with this group, BSBTN and FrameWorks hosted four convenings of individuals from all sectors and professional disciplines to learn how to apply communication tools to brain science to understand why it is important to invest in early childhood, youth, and young adults. After intensive, interactive training, participants practiced for about a month using the structure of the story arc for all relevant communications within their respective spheres. The [story arc](#) structure consists of values and metaphors to describe the topic and problem, and a description of the solution. After this period, the group reconvened to learn about infant mental health and practice framing information for social media communications.

Implement Widespread Training

Creating public awareness of the impact of ACEs has been a major goal of BSBTN since the program's inception. Training has been essential in making sure this information is shared statewide and at the grassroots level. Three principal strategies have been deployed to train across the state.

Train the Trainer: Using materials developed in conjunction with the [Harvard Center for the Developing Child](#) and with leadership from the Tennessee Commission on Children and Youth, individuals from diverse professional disciplines and sectors were trained on brain development, trauma-responsiveness, ACEs prevention, mitigation, and skill building for the public. According to state records, over 1,180 trainers have trained over 80,000 people statewide. To achieve fidelity to the model and to continually improve quality, the Tennessee Commission on Children and Youth has established a virtual learning collaborative that serves as a platform for trained individuals to request and share information and resources, as well as track trainings provided.

Training Educators and Administrators: The Department of Education trained over 7,000 educators and administrators during the first two years of the program (roughly 7.5% of all educators in the state). Due to widespread interest, the model was restructured to develop in-school expertise. As a result, 71 of the 150+



schools that applied were selected and became certified as trauma-informed schools. Completion of that curriculum meant the school had the capacity to train all staff, including support staff, in how best to interact with and respond to students in constructive ways. The model was enhanced to engage entire school systems in trauma training in support of the [CDC Whole School, Whole Community, Whole Child Model](#).

Public Awareness: BSBTN and the Office of Criminal Justice Programs combined resources to fund a six-episode series on public television, [Building Strong Brains—The Tennessee Story](#), that was made available to all public television stations in the state. Eight brief educational segments and four public service announcements were created from the original series.

Beginning in spring of 2019, the Tennessee Commission on Children and Youth spearheaded a social media campaign to extend the reach of public awareness efforts with support from FrameWorks (recent posts can be found on social media with the #BSBTN hashtag). Leveraging existing networks with thousands of representatives, the campaign sought to engage the community at large, provide opportunities to disseminate information, and support the creation of a trauma-informed culture in the state.

Build and Sustain Grassroots Momentum

Knowledge Mobilization Teams throughout the state (facilitated by Regional Coordinators of the Tennessee Commission on Children and Youth) enact strategies to address ACEs and build upon local insights, assets, and challenges to build community awareness and action. Regional Coordinators convene cross agency collaborations; familiarize local leaders w/ ACEs-related activities; provide information to local media; and make presentations and public awareness materials broadly available. The approach has contributed to continued grassroots support for BSBTN's mission as COVID-19 has limited the resources available for direct interaction.

During the first three years of BSBTN, the Department of Children's Services competitively awarded 35 Community Innovation grants. The grants reflect an interdisciplinary effort informed by the BSBTN Coordinating Team. Applicants had to provide evidence of a deep understanding of the two sciences, demonstrate their proposal was appropriate for the community or venue, use an evidence-based or promising practice or have a strong theory of change, and address equity, inclusion, and other indicators of cultural competence. Since the first year, priorities for proposals have remained true to the initial requirements, yet have evolved alongside contemporary issues and the capacities of communities, priorities of the administration, and the availability of funding.

Conclusion

Interest in preventing and addressing the consequences of ACEs has burgeoned across health, behavioral health, education, and human service sectors. That interest is increasingly shaping policy discussions among state and local leaders eager to build capacity to support effective prevention and intervention. This interest in ACEs has created an opportune moment to move state policy, program, and funding approaches toward real solutions—especially when combined with state work on addressing the whole family through two- or multi-generation approaches, state implementation of the Family First Prevention Services Act, increased interest in social emotional learning and trauma informed schools, and efforts to help families impacted by the opioid crisis.

A number of factors contributed to Tennessee's three branches and stakeholder investment on ACEs. Strong leaders at every level embedded the mission of BSBTN in public remarks, policy discussions, and in their communities. The public/private relationship that serves as the foundation for BSBTN's structure has assured local solutions are developed to solve specific community issues. Extensive use of research-tested terminology and methods of communication permitted common understanding of mission and expectations for culture change. Financial investments from foundations, state appropriations, and in-kind and programmatic support were essential. Further, the state developed approaches to assure sustainability both with and without dedicated fiscal resources through policy and collaborations, among other strategies.

The COVID-19 pandemic may be increasing ACEs and trauma and demonstrates the importance of responding to them at the state level. It is important to address conditions that contribute to stress and trauma including racism, poverty, and bullying, which were not included in the original set of conditions defined as ACEs but have since been validated as expanded ACEs. State leaders should not lose sight of the fact that experiences of trauma are pervasive in society, yet it is critical to focus on strategies to build individual and collective resilience and resilient communities.

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Learning from Oklahoma's Adverse Childhood Experiences (ACE) Story



Why is research on Adverse Childhood Experiences¹ (ACEs) important?

- Negative childhood experiences are related to major risk factors for the leading causes of illness and death and poor quality of life among adults.
- ACEs are common among all segments of the population.
- ACEs are connected. People who report any ACE are likely to experience adversity in other categories.

For more information on the ACE Study, results, and implications for public health and violence prevention efforts see [ACE Infographic](#) and the [CDC ACE website](#).

1. Felitti V, Anda R, Nordenberg D, Williamson D, Spitz A, Edwards V, Koss M, Marks J. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine* 1998;14:245-258.

There are many childhood and adolescent experiences that can have a tremendous impact on lifelong health and opportunity. For example, exposure to violence as a child has been linked to a host of poor outcomes. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs). This case study briefly highlights how the state of Oklahoma supported ACE data collection and used their data to inform child maltreatment prevention efforts. It also provides examples of Oklahoma's next steps in their child maltreatment prevention work.

How was Oklahoma able to collect ACE data?

Oklahoma established a strong case for collecting ACE data.

Oklahoma wanted a broader understanding of risk factors associated with poor behavioral health outcomes among their population so that they could strengthen their primary prevention efforts. In order to stop poor outcomes before they occurred, Oklahoma needed data that could highlight associations between early life experiences and adult health outcomes.

Example: Addressing data gaps to help shift the focus from treatment to prevention. Oklahoma's workgroup on the behavioral health of children understood the need for population-level, risk factor data to guide prevention efforts. Realizing that ACE data could fill existing data gaps, the workgroup advocated for the inclusion of the ACE module in [Oklahoma's Behavioral Risk Factor Surveillance Survey \(BRFSS\) in 2012 and 2014](#). Collecting population-level ACE data was an actionable step toward informing their child maltreatment and behavioral health prevention efforts.

Oklahoma utilized partnerships to move ACE data collection forward.

Oklahoma needed partners to champion prevention efforts informed by ACE data. This required manpower and funding. Oklahoma appealed to state agencies in the child welfare, juvenile justice, and mental health sectors by meeting with them and showcasing the importance of ACE data in the context of the agencies' priorities.

Example: A multidisciplinary ACE workgroup was created. Individuals from multiple sectors in the health department were invited to participate in a new ACE workgroup. They convened to discuss moving ACE data collection forward by studying the steps taken by other states. The workgroup collaborated with stakeholders and agencies to understand and ensure that everyone's interests were reflected in the data collection and analysis processes.

How is Oklahoma using their ACE data to inform prevention action?

Analyzing and sharing data to unify stakeholders. Oklahoma is strategizing on how to present ACE data to appeal to a broad audience, including both those with specific interests in ACEs and those who are less familiar. These efforts will pave the way for future collaborative action steps.

CASE STUDY



Keys for Success in Oklahoma:

- Addressing gaps in existing data and advocating for the inclusion of the ACE module in the state's Behavioral Risk Factor Survey in 2012 and 2014
- Spreading the message about ACEs and related health outcomes through workgroup formation and meetings
- Unifying child adversity and maltreatment prevention across multiple sectors and framing ACE data collection as a priority for those agencies
- Collecting, analyzing, and interpreting data that can inform prevention action

If you would like to read more about ACEs and prevention, the following resources may be helpful to you: [ACE Infographic](#), [CDC ACE website](#), [CDC Essentials for Childhood website](#), or [the National Center for Community-Based Child Abuse Prevention](#).

Example: Connecting agencies to use ACE data in ways that are meaningful across sectors. Oklahoma's ACE workgroup used the ACE data to unify agencies from multiple sectors, including key members from the Department of Mental Health and Substance Abuse and Family Support and Prevention Services. Each of these players has brought high energy, interest, and buy-in toward the goal of understanding how ACEs affect the lifelong health and well-being of Oklahoma's citizens. These collaborations will guide the development of Oklahoma's ACE data briefs and prevention initiatives.

Appropriating federal funding for prevention of ACEs. Oklahoma has strategically applied for, received, and disseminated federal funding to address childhood adversity. These efforts address the impact of ACEs and shed light on the importance of prevention and treatment.

Example: Using funding to support efforts to buffer and prevent the effects of ACEs. Oklahoma's Department of Mental Health and Substance Abuse Services was awarded a grant from the US Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) to support the initiative, [Strengthening Hope and Resiliency Everyday \(SHARE\)](#). SHARE raises awareness about ACEs and other childhood trauma, and provides examples of ways to build community resiliency to prevent and treat adverse childhood experiences.

What are the next steps for Oklahoma?

- The ACE workgroup plans to finalize ACE data briefs. These briefs will be used to educate the public and different sectors about the prevalence and impact of ACEs in the state. The data briefs will unify additional partners with a common goal to understand and intervene with ACEs in Oklahoma, and may be used as a tool to justify the appropriation of additional ACE prevention resources.
- Information about ACEs was used to inform the [Oklahoma State Plan for the Prevention of Child Abuse and Neglect 2014-2018](#), which establishes a vision to improve children's environments and development in order to decrease child maltreatment. The Oklahoma State Plan is focused on creating a culture of change that emphasizes the health, safety, and well-being of Oklahoma's children.
- Oklahoma is focused on building capacity for the primary prevention of ACEs. As outlined in [Oklahoma statutes](#), primary prevention involves the implementation of programs and services designed to promote the general welfare of children and families. In a partnership focused on such capacity building, Oklahoma's State Department of Health plans to collaborate with the University of Kansas Center on Public Partnerships and Research to pilot the [Lemonade for Life](#) program. The program trains home visitors and other professionals how to use an ACE screening tool and provide trauma-informed prevention approaches.

Summary

Healthy child development is essential for life-long health, and life-long health is essential for a prosperous America. Realizing the important role of public health and partners in child maltreatment prevention work, Oklahoma was able to increase attention and buy-in to collect ACE data, a necessary step in raising awareness and informing prevention efforts. Oklahoma is committed to assuring that all children reach their full health and life potential by assuring safe, stable and nurturing relationships and environments, and [other protective factors](#) for all Oklahoma children.