



Executive Summary: A Qualitative Evaluation of Minnesota's ACE Interface Initiative and NEAR Science Efforts

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Since 2013, Minnesota Communities Caring for Children (MCCC), now FamilyWise, has collaborated with communities to raise awareness of neurobiology, epigenetics, ACEs and resilience (NEAR) research and promote community-led healing. In summer 2020, an evaluation was conducted to measure the intermediate and long-term outcomes, or 'ripples,' of MCCC's ACE Interface Initiative in Minnesota.

About the ACE Interface Initiative

The ACE Interface Initiative refers to MCCC's efforts to promote awareness of neurobiology, epigenetics, ACEs and resilience (NEAR) research in communities across Minnesota using the ACE Interface curriculum. The goal of the ACE Interface Initiative is to increase awareness about NEAR science in order to give individuals the knowledge to heal and tools to interrupt cycles of abuse and neglect, ultimately creating thriving communities. A key approach to the ACE Interface Initiative is to honor and recognize the wisdom and solutions that individuals and communities most impacted by ACEs can contribute to this effort.

As the curriculum license-holder in Minnesota since 2013, MCCC has trained over 800 presenters across the state to share the ACE Interface curriculum. These presentations have reached over 20,000 people in 70 of 87 Minnesota counties and 6 tribal communities.

"We have the ability to hold space for one another in our healing work and it's not just the role and responsibility of the mental health professional or the field... We all play a part in healing our communities." –ACE Interface Participant

About the Evaluation

One on one interviews were conducted with 19 key informants from the ACE Interface network in order to answer the evaluation questions:

- 1) How and to what extent does this initiative contribute to thriving, resilient communities on the interpersonal, organizational, and systematic levels?
- 2) What kinds of ripple effects are happening in these communities?

Interviewees were asked about their personal experience with the Initiative, changes they had seen in their social networks, community and systems as a result of the Initiative. The evaluation also identifies benefits, barriers and challenges to the ACE Interface Initiative, along with recommendations for next steps.

Key Informant Demographics

- Participants: 62% Master Training or Presenter; 25% Collaborative Coordinator; 13% Presenter and Collaborative Coordinators
- Gender: 63% Female, 32% Male, and 5% No Data
- Ethnicity: 90% Non-Hispanic, 5% Hispanic, 5% No Data
- Race: 65% White, 25% Black or African American, 5% Indigenous or Native American, 5% No Data
- Regional representation: Northwest, Northeast, Metro, Central, Southwest and Southeast Minnesota

Key informants described “light-bulb” moments in community members after receiving formal presentations, one-on-one meetings or informal conversations with Master Trainers and/or Presenters. These “light-bulb” moments were also described as a contributing factor in forming connections among community members and in organizations. This information was also successfully integrated in their respective communities and resulted in change, as well as in the formation of new initiatives, programs or services. Key informants also mentioned changes in communities including; an increase in awareness and understanding of ACEs and NEAR Science concepts, an increase in compassion for self and others, the ability to make sense of their behaviors, and an increase of trauma informed and responsive tactics. Numerous initiatives, programs and services also arose as a result of the ACE Interface Initiative in various communities.

Findings

Interpersonal Effects of the Initiative

Participants mentioned that the curriculum provided an increased sense of awareness in regard to adverse childhood experiences. Participants also mentioned that the curriculum provided a shift in the tone of conversations they were having on the interpersonal level. This shift in conversation went from blaming to understanding and an increased sense of compassion for self and others.

“That message of resilience is really what people sticks with people. What we really have to push on is that resilience piece. It's not all doom and gloom. There are things that we can do to become a resilient community, and this is how we do it.”

- Increased sense of awareness
- Shifts the tone of conversation rather than blaming
- Ability to make sense of our reactions in situations
- Increased compassion for self and others
- Increased understanding of coping strategies
- Increased understanding of trauma informed and responsive tactics

Organizational/Community-Level Changes

Another key theme that emerged were new initiatives, programs or services that arose as a result of the ACE Interface Initiative. Participants mentioned there was an increase in desire to incorporate social-emotional learning into schools and other institutions. Integrating social-emotional learning would allow individuals to understand and manage their emotions, set and achieve goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

Changes in Communities:

- Desire to learn more and become involved in the work
- Ability to identify this as an important health crisis
- Sense of responsibility to help community members
- Promotion of self-care and self-healing communities
- Narrowing of the generational divide

“There’s awareness of and understanding that the things that have happened to people when they’re younger, have an impact on them when they grow, and I have seen that dialogue shift within our communities.”

Initiatives, Programs or Services:

- Desire to incorporate social-emotional learning into schools and other institutions
- Increased involvement of human resources and mental health resources for employees
- Increased ACEs and trauma education in congregations
- Increased ACEs, trauma and resiliency education in child welfare systems and juvenile justice systems
- Increased trauma-based trainings for mental health staff
- Implemented a tribal resolution on historical trauma training for new hires and existing staff
- Appointed Cultural Equity Advisors
- Implemented parenting programs
- Implemented cultural programs
- Developed the African American Babies Coalition (Wilder Foundation)

“We’ve really continued, as an organization, to incorporate what we’re learning and integrate that work and make it more meaningful for the communities we’re serving.”

Policy/System-Level Changes

A key theme that emerged from the participants’ responses were practices or policies that had been implemented in their community.

Practices or Policies:

- RTI and implementing resiliency and restorative practices
- Devoting specific trainings for populations considered to be “high-risk”
- Tribal policy for training on ACEs and historical trauma
- Integration of the initiative into hospital strategic plans
- Integration of training in clinical practice, specifically children’s mental health clinicians
- Implementation of a research-based questionnaire on social-emotional health
- Implemented trainings for police departments
- Implemented “lunch and learns”
- Advocacy for the African American Family Preservation and Child Welfare Disproportionality Act
- Make it Okay Campaign
- Handle with Care
- Behavioral Health Network

“Whoever we’re helping and serving, it has shifted into those that are providers, so our teachers, our social workers, etc., and looking at the trauma that we’ve experienced, and now we’re starting to shift to more systematic solutions.”

Feedback and Recommendations

- Continue to promote the ACE Interface Initiative
- Increase the number of Master Trainers and Presenters
- Increase the time allocated to presenting
- Directly reach communities most impacted by ACEs or trauma
- Strengthen and expand community connections
- Increase resources available for community members
- Update the ACE Interface curriculum
- Create a peer mentoring group
- Train youth to become certified presenters

“It’s more impactful for those receiving this information when they notice, this person looks like me, speaks my language, shops where I shops, prays where I pray, eats where I eat...”

In assessing this data, it would be advantageous to train community members from a variety of ethnic, racial and cultural groups in order to make a long-term impact on communities involved in the ACE Interface Initiative.