



A Qualitative Evaluation of Minnesota's ACE Interface
Initiative and NEAR* Science Efforts
*Neuroscience, Epigenetics, ACEs and Resilience

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Anika Reinsch
University of Minnesota School of Public Health

Background

Minnesota Communities Caring for Children (MCCC) is a non-profit with a mission to empower parents and communities to build supportive relationships, nurture children, and prevent child abuse and neglect. MCCC's values include; 1) honoring the strength of all parents, 2) amplifying parent voices, 3) combining science with community wisdom, and 4) transforming systems. Their prevention model promotes individual and community led action to end child abuse and to build the resilience of children, parents and community members throughout the state of Minnesota. On July 1st, 2020, MCCC and FamilyWise Services merged, and MCCC's programming continued under the FamilyWise name.¹

At FamilyWise, MCCC's programming will complement and sharpen areas that FamilyWise has prioritized in its strategic plan, including:

- 1) Training that provides informal supports for families in its programs
- 2) Parent leadership development
- 3) Mentoring

Statement of Purpose

The ACE Interface Initiative refers to MCCC's efforts to promote awareness of Neuroscience, Epigenetics, ACEs and Resilience (NEAR) research in communities across Minnesota using the ACE Interface curriculum. Since 2013, MCCC trained over 800 presenters to present the ACE Interface curriculum.

The purpose of this report is to provide information regarding the 'ripples' of MCCC's ACE Interface work throughout Minnesota. This project expands on MCCC's previous qualitative analyses, including the 2016 study which focused on intrapersonal and short-term outcomes, and the 2018 study which focused on short-term and intermediate outcomes, exclusively within tribal communities. This current analysis seeks to measure intermediate and long-term outcomes across the state of Minnesota.

MCCC's previous qualitative evaluations of the ACE Interface Initiative include a 2016 report called "The Value of Understanding ACEs: The Impact of the Adverse Childhood Experiences Curriculum Training", and a 2018 report called "The Tribal NEAR Science and Community Wisdom Project". Both reports provided valuable findings and future considerations.

The 2016 report concluded that learning about ACEs had a significant impact on trainers, presenters, and their communities. Many trainers and presenters were using the curriculum to

¹ FamilyWise and MCCC have long been likeminded partners. MCCC has been a leader in child abuse prevention and parent empowerment through its peer-led support groups, mentorship, and widely respected training platform that builds the resilience of communities in supporting families. FamilyWise has focused on innovating and strengthening their programs. This merger results in a unified organization that creates a circle of care for families in order to keep children safe and healthy. Effective July 1st, 2020, MCCC's programs will operate under the FamilyWise name and FamilyWise will become the Minnesota chapter of Prevent Child Abuse America and the National Circle of Parents.

better understand themselves, their families, and to begin to heal from past traumas. They found overwhelmingly that people were able to connect to the information in order to learn and move forward. Although several presenters and trainers mentioned they were already familiar with the ideas in the ACE Interface curriculum prior to the training, they thought that the ACE Interface curriculum was a useful tool for talking about the effects of childhood trauma.

The 2018 report focused on the ACE Interface activities in tribal communities and concluded that, “participants identified numerous ways that the ACEs initiative had begun to impact their own lives, families, organizations, and the broader tribal community. Participants also recognized that it may take years of work to see the deeper, long-term impacts in their community. In addition, the conversation generated suggestions for future strategies and people to engage in the initiative.”

ACE Interface Initiative Description

The Adverse Childhood Experience (ACE) Study findings represent a paradigm shift in understanding the origins of physical, social mental, and societal health and well-being. Research shows that leading causes of disease, disability, learning and productivity issues, and early death have their roots in the cumulative neurodevelopment impact of Adverse Childhood Experiences (ACEs). In 2013, MCCC became the license holder for the ACE Interface curriculum in the state of Minnesota. The ACE Interface curriculum was co-authored by Dr. Robert Anda, Co-Principal Investigator of the ACE Study, and Laura Porter, an experienced leader of community-based and policy-level application of NEAR science. The ACE Interface curriculum includes information about four fields of science including; Neuroscience, Epigenetics, the Adverse Childhood Experiences Study, and Resilience research.

MCCC presents the ACE Interface curriculum to audiences statewide and conducts a training program for individuals to become presenters of the curriculum in their own communities. This training program multiplies the impact of the curriculum and builds capacity of local presenters to sustain awareness of these concepts ongoing in their local communities. Participating communities learn how ACEs affect people’s lives and what we can all do to dramatically improve health outcomes and resilience for current and future generations. As of August 2020, the ACE Interface curriculum has reached over 20,000 people in 70 of 87 Minnesota counties and 6 tribal communities since 2013.

Additionally, MCCC provides technical assistance and support to communities and local presenters so they can host community resilience conversations to inform the development of Community Resilience Plans. This support helps communities move from understanding neuroscience, epigenetics, ACEs, and resilience research to action planning for possible community responses.

The goal of the ACE Interface Initiative is to increase awareness about Neuroscience, Epigenetics, ACEs and Resilience (NEAR) science to give individuals the knowledge to heal, and tools to interrupt cycles of abuse and neglect, which helps create thriving communities. Additionally, 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 the conversation.

The vision of the ACE Interface Initiative includes; 1) people in Minnesota communities feel seen, understand and accepted; 2) people in Minnesota communities develop compassion for self, make meaning from experiences, and build on core gifts; and 3) all members of Minnesota communities thrive social-emotionally, educationally, economically, and in connection with one another and the natural world.

Interview Project Description

The goal of this interview project was to capture the “ripples” of MCCC’s ACE Interface efforts throughout the state of Minnesota. This interview project aims to complement and expand on the 2016 and 2018 reports on the ACE Interface Initiative. The Student Consultant contacted key contacts who were involved in the ACE Interface Initiative to learn more about the impact of using the ACE Interface curriculum within their communities. The Student Consultant worked with MCCC’s staff to form a project team which included; the Student Consultant, Evaluation Manager and Development Director. Additionally, the project team had input from the Chief Program Officer and Director of ACE Collaborative Partnerships. The Student Consultant conducted qualitative interviews with individuals who were involved in the ACE Interface Initiative and conducted an analysis with input from the project team.

A series of nineteen qualitative interviews were conducted with ACE Interface Master Trainers, ACE Interface Presenters and Collaborative Coordinators² in order to form a “Qualitative Evaluation of Minnesota’s ACE Interface Initiative and NEAR Science Efforts”. This interview project aims to fill the gaps in MCCC’s understanding of the ACE Interface Initiative’s intermediate and longer-term impacts.

The interview protocol aimed to answer the following 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?

Data Sources and Methods

² Master Trainers: Individuals who have attended a Regional Presenter Training, completed ACE Interface Presenter certification, and have gone on to complete an additional training and the requirements to train volunteer presenters.

Presenters: Volunteers who have attended the two-day regional training to deliver Understanding of ACEs Presentations in their communities.

Collaborative Coordinators: Individuals who oversee 1 of 90 regionally-based Children’s Mental Health and Family Services Collaboratives. MCCC partners with Collaborative Coordinators to disseminate presentations, presenter trainings, and Community Resilience Planning to their regions.

In May of 2020, a logic model including; inputs, activities, outputs, short-term outcomes, intermediate outcomes and long-term outcomes was developed by MCCC staff and student consultant (appendix I). The logic model was foundational to the project in that it provided a sense of direction as well as a means of measuring outcomes regarding MCCC's ACE Interface work. Additionally, in June of 2020, a series of interview questions were developed and consisted of interpersonal, organizational and systemic-level questions. In July of 2020, nineteen individuals including; Master Trainers, ACE Interface Presenters and Collaborative Coordinators, participated in qualitative interviews. Participants answered questions related to the following areas:

- 1) What they consider to be their community in regard to sharing the ACE Interface Curriculum (or related NEAR Science concepts)
- 2) How and why they got involved in MCCC's ACE Interface work
- 3) How this information has been shared with others
- 4) What audiences, sectors or community groups have been reached
- 5) How they have seen this initiative affect others around them
- 6) How successful this initiative has been at engaging those most impacted by ACEs or trauma
- 7) Other factors in the community that have contributed to positive or negative impacts
- 8) Changes in practices or policies as a result of this initiative
- 9) Ripples that can be categorized as negative as a result of this initiative
- 10) How MCCC (now FamilyWise) could better support them and their communities
- 11) Where future efforts should be focused
- 12) Feedback and recommendations

In August of 2020, the qualitative interviews were transcribed and coded. The coding included key themes at three levels; Interpersonal Effects of the ACE Interface Initiative (i.e. relationship dynamics and valued curriculum topics), the Organizational Effects of the ACE Interface Initiative (i.e. changes in communities and initiatives, programs or services as a result of the initiative), and Systematic Effects of the ACE Interface Initiative (i.e. practices or policies). Additionally, coding included; Benefits and Barriers of the ACE Interface Initiative, Negatives or Downsides of the ACE Interface Initiative, and Feedback and Recommendations.

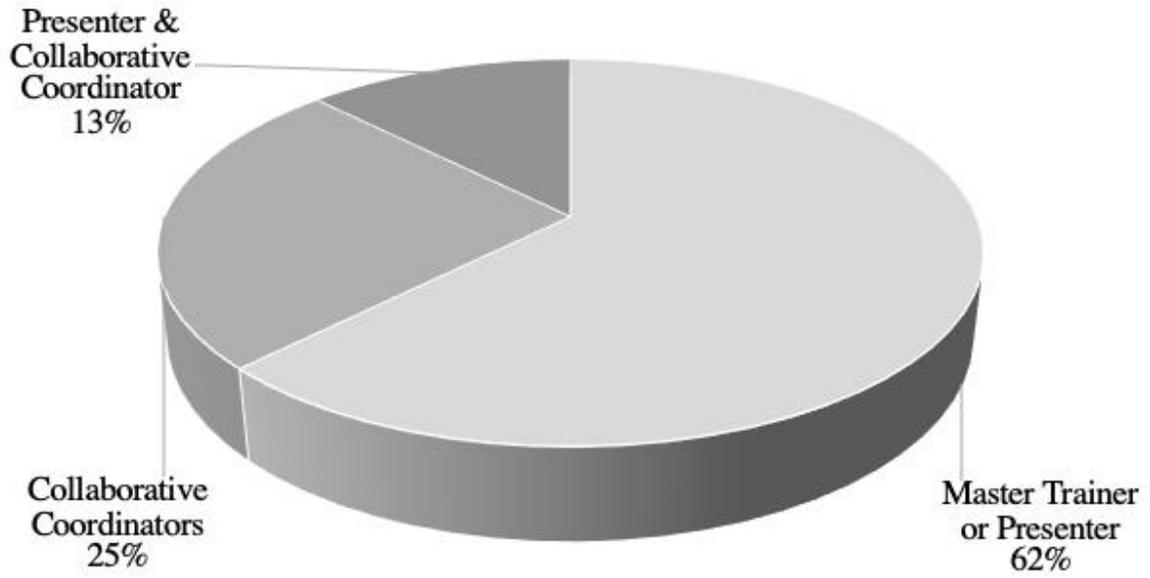
Selection of Participants:

Thirty potential interview participants were identified by MCCC staff. They were primarily chosen due to the depth of their involvement in the ACE Interface Initiative, and ability to speak on the activity and impact of the initiative on their communities. They were also selected to represent regional diversity, as well as a variety of experiences and perspectives. The Student Consultant contacted all thirty potential participants, and nineteen agreed to an interview.

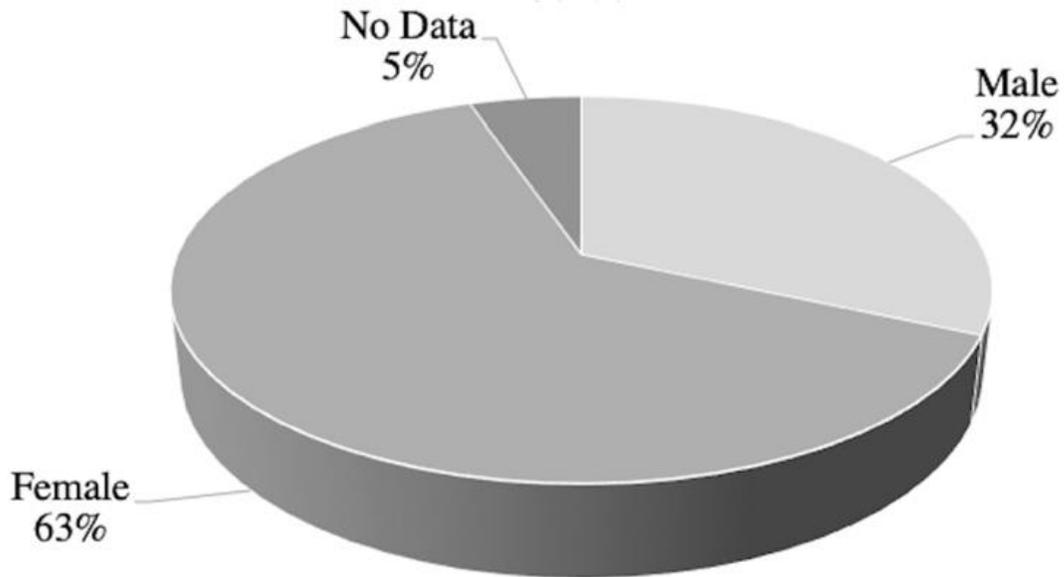
Participant Demographics:

Nineteen participants including Master Trainers, Presenters and Collaborative Coordinators participated in the qualitative interviews. MCCC strives to recruit a diverse group of individuals in regard to the ACE Interface Initiative. The following pie charts depict demographics of all nineteen participants (n=19).

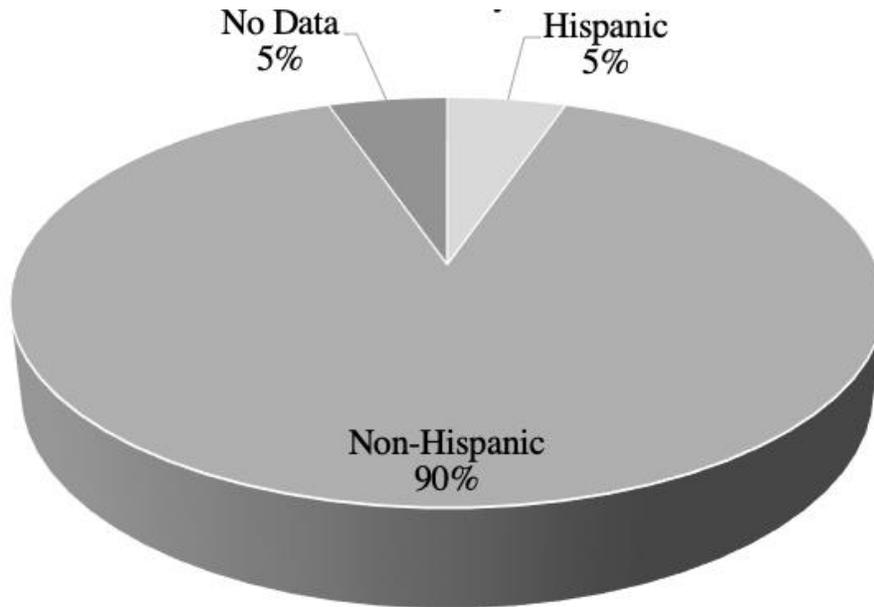
Relationship with MCCC/FamilyWise (N=19)



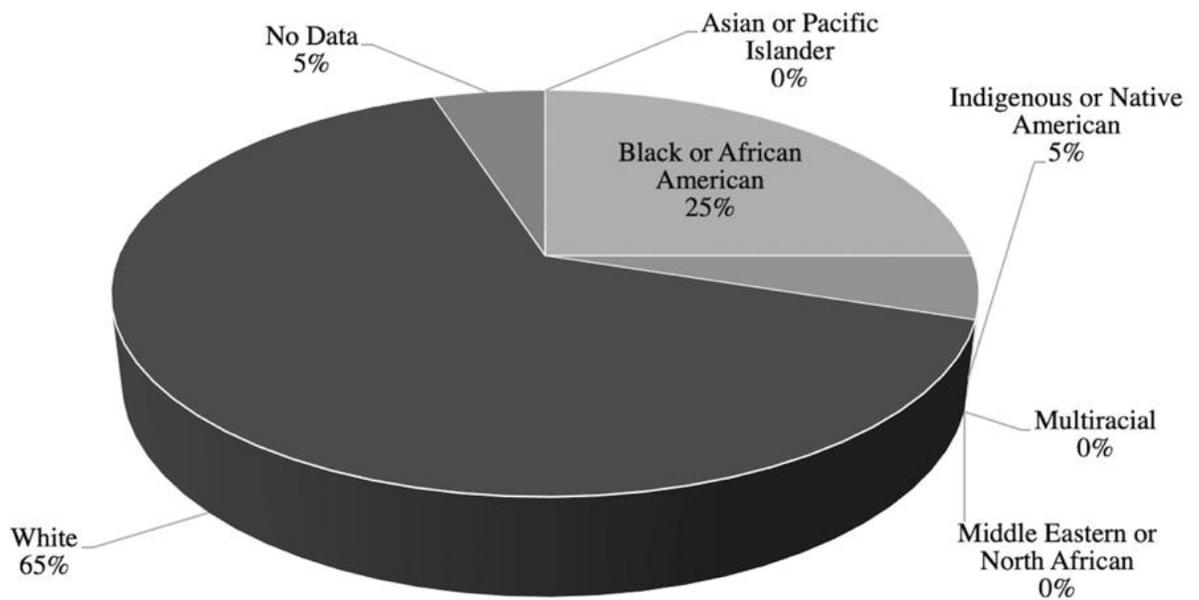
Gender (N=19)



Ethnicity (N=19)



Race (N=19)

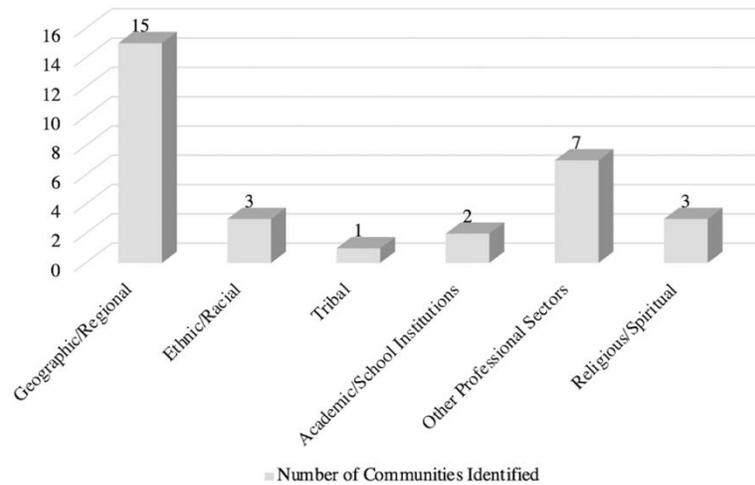


Participants were asked to identify what they consider to be their community in regard to sharing the ACE Interface curriculum or related NEAR Science concepts. Communities could include, but were not limited to:

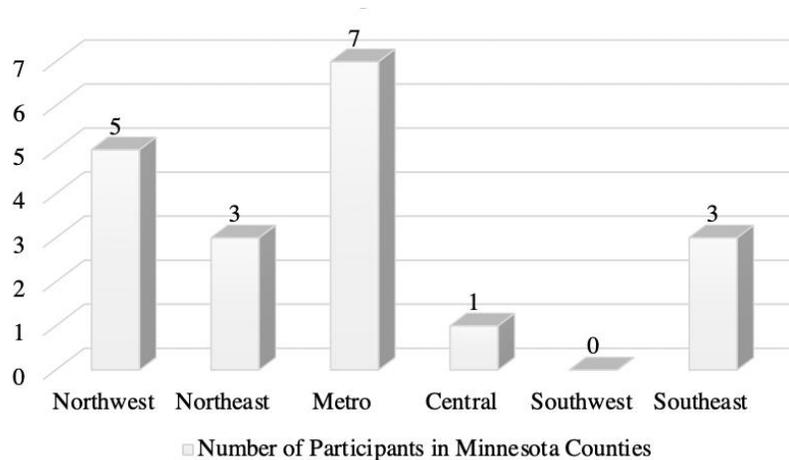
- Place (*communities of people brought together by geographic boundaries*)
- Interest (*communities of people who share the same interest or passion*)
- Action (*communities of people trying to bring about change*)
- Practice (*communities of people in the same profession or undertake the same activities*)
- Circumstance (*communities of people brought together by external events or situations*)

Communities identified by participants included: geographic/regional communities, ethnic/racial communities, tribal communities, academic/school institutions, other professional sectors, and religious/spiritual communities (appendix III). Communities that were identified are not a depiction of all communities that are served throughout the state of Minnesota

Communities in Minnesota as Identified by Participants



Counties in Minnesota as Identified by Participants



Results

The findings were organized according to the Interpersonal Effects of the ACE Interface Initiative, or the effects of their family, friends or social network; the Organizational Effects of the ACE Interface Initiative, or the effects of organizations or social institutions; and the Systematic Effects of the ACE Interface Initiative, or the effects of practice or policies at the local or state level.

Themes emerged from participant responses and were categorized for each of the levels of impact. Participant responses most frequently mentioned appear first in the list of bullet points.

Interpersonal Effects of the ACE Interface Initiative:

Participants were asked to share about themselves, how they got involved in this work and what drew them to MCCC's ACE work. Additionally, participants were asked how they have shared this information, what audiences/sectors/community groups they have reached and what NEAR Science concepts they believed to be most beneficial to communicate to their community and why. Lastly, participants were asked to share a story of how they've seen this initiative impact others around them. Participants identified a variety of interpersonal level effects, or effects related to their family, friends or social network.

A key theme that emerged from the participants' responses were the effects on the dynamics of relationships in regard to the ACE Interface Curriculum. 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.

Another key theme that emerged from the participants' responses were valued ACE Interface Curriculum topics. Participants mentioned adverse childhood experiences (ACEs) and historical trauma as the most valuable topics of the curriculum. These topics were considered to be of value for their ability to connect people and allow them to make sense of their reactions in different situations.

The following lists contain key themes, in bullet form, from most frequently shared to least frequently shared.

Relationship Dynamics:

- 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

“I think that awareness that trauma happens, and how that affects an individual's ability to respond and to be the parent that they want it to be.”

Valued Curriculum Topics:

- ACEs
- Historical Trauma
- Epigenetics
- Brain Development & Neuroscience
- Hope & Resilience
- Central Nervous System & Flight or Fight Response

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

Organizational Effects of the ACE Interface Initiative:

Participants were asked to share what changes they have seen in their community or organizations as a result of this initiative. Additionally, participants were asked to share examples of the way this initiative has helped to expand or deepen connections in their community, and if specific initiatives/programs/services arose out of the ACE Interface initiative. Participants were also asked if they were aware of any current initiatives taking place in their community that could be contributing to the ripple effects that we're seeing, as well as how successful they believe this initiative has been at engaging those most impacted by ACEs or trauma. Lastly, participants were asked if there were other factors in their community that have contributed to either positive or negative impacts of the initiative. Participants identified a variety of organizational level effects, or effects related to organizations or social institutions.

A key theme that emerged from the participants' responses were changes within their communities. Participants mentioned there was an increase in desire among communities to learn more about the ACE Interface Initiative and become involved in the work. Participants mentioned that members from various organizations and institutions approached them to provide presentations to their respective staff. This demonstrates a value and recognition in the community that the ACE Interface Initiative broadens awareness about an important health issue.

Another key theme that emerged from the participants' responses 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. Participants also mentioned an increased level of involvement from human resources and mental health resources for their employees. This increased level of involvement supports employee morale and their ability to reach their organizations or intuitions goals.

The following lists contain key themes, in bullet form, from most frequently shared to least frequently shared.

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 & self-healing communities
- Narrowing of the generational divide

“We need to remember that as community members, we have the ability to hold space for one another in our healing work and that it’s not just the role and responsibility of the mental health professional or the field for several reasons...we all play a part in healing our communities”

Initiatives, Programs or Services:

- Desire to incorporate social-emotional learning into schools & 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 & juvenile justice systems
- Increased trauma-based trainings for mental health staff
- Implemented a tribal resolution on historical trauma training for new hires & existing staff
- Appointed Cultural Equity Advisors
- Implemented parenting programs
- Implemented cultural programs
- Developed the African American Babies Coalition (Wilder Foundation)

“We’ve really kind of 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”

Systematic Effects of the ACE Interface Initiative:

Participants were asked to share changes in practices or policies as a result of this initiative. Additionally, participants were asked if this initiative impacted a broader awareness of, or support for this issue and how. There were fewer effects identified compared to the interpersonal and organizational levels, however participants identified some systematic level effects, or effects related to practice or policies at the local or state level.

A key theme that emerged from the participants’ responses were practices or policies that had been implemented in their community. Response to intervention (RTI), resiliency and restorative practices were implemented in various communities. Additionally, specific trainings were devoted for “high-risk” populations. These practices and trainings implemented at the local and state level allow for communities to maintain a positive outlook and cope with stress more effectively.

The following list contain key themes, in bullet form, from most frequently shared to least frequently shared.

Practices or Policies:

- RTI & implementing resiliency and restorative practices

“It’s like you literally can see the light bulbs going off and then you start to question the way that the systems are set up as very punitive”

- 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”
- Advocation for HF 342 – MN African American Family Preservation and Child Welfare Disproportional Act
- Make it Okay Campaign
- Handle with Care
- Behavioral Health Network

Benefits and Barriers of the ACE Interface Initiative:

Participants were asked to share benefits and barriers as a result of this initiative.

A key theme that emerged from the participants’ responses in terms of benefits included diversity among Master Trainers and Presenters. This diversity is crucial in that there is an increased understanding of one another. Additionally, Master Trainers and Presenters were able to learn from one another. In doing so, they were able to understand different perspectives within the world and to help dispel negative stereotypes and personal biases among diverse groups. Another key theme that emerged from the participants’ responses in terms of benefits included increased awareness and sense of inclusion. Master Trainer and Presenters recognized and respected “ways of being” that were not necessarily their own. In ways they interacted with communities, trust, respect and understanding across cultures was built.

A key theme that emerged from participants’ responses in term of barriers included the pandemic/Coronavirus. Participants mentioned this restricted their ability to present the ACE Interface Curriculum due to the fact that a remote presentation is not permissible for this curriculum. Another key theme that emerged from the participants’ responses in terms of barriers included the limited number of Master Trainers and Presenters as well as their time available to commit to the ACE Interface Initiative and presenting.

The following lists contain key themes, in bullet form, from most frequently shared to least frequently shared.

Benefits:

- Diversity in Master Trainers and Presenters
- Increase awareness
- Increased sense of inclusion

“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”

- Audience members feel heard and understood
- Increased collaboration among community members and organizations
- Increase in grant funding

“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”

Barriers:

- Pandemic/COVID-19
- Presentation restrictions
- Limited number of Master Trainers and Presenters
- Limited time Master Trainers and Presenters can commit
- Funding constraints
- Distance and travel time
- Turnover in tribal leadership
- Turnover in school superintendents
- Mental health stigma
- Gap in the medical community

“It seems like an ongoing barrier in this work, in that the majority of people that come to the table to do this work are also employed and very busy people in other areas and to not have a ‘to-go’ person that keep it moving forward in community is hard”

Negatives or Downsides of the ACE Interface Initiative:

Participants were asked if there were things that have happened as a ripple of this initiative that they wish hadn’t happened. In other words, participants were asked if there were negatives or downsides of this initiative.

A key theme that emerged from the participants’ responses was the tension between mental health professionals and community members in determining who was qualified to give presentations. Participants mentioned they have been approached by mental health professionals within the audience after receiving a presentation to discuss their qualification in presenting this information. Mental health professionals expressed their concern regarding triggering audience members. However, participants mentioned that before mental health professionals existed, community members provided support for one another. Additionally, participants mentioned that audience members find comfort in and connect with presenters who look like them, speak their language, and live within their community.

Another key theme that emerged from the participants’ responses was their hesitation regarding their qualification in delivering presentations to minority groups and/or underrepresented populations. However, participants mentioned that although they’ve questioned their qualification, they were thankful these minority groups or/and underrepresented populations were receiving this information through presentations.

The following lists contain key themes, in bullet form, from most frequently shared to least frequently shared.

Negatives or Downsides:

- Tension between mental health professionals and community members in determining who is qualified to give presentations
- Presenter hesitation regarding qualification in delivering presentations to minority groups/underrepresented populations
- Concerns regarding triggering audience members
- Collaborative concerns regarding continuity in communities
- Age and relevancy of original ACEs study

“In the very beginning of the research, I was concerned about how to present this research to communities of color for I was very fearful they would hear once again, that they had three strikes against them, and it was negative messaging”

Feedback and Recommendations:

Lastly, participants were asked to share any recommendations for how MCCC, now FamilyWise, could better support them and their community. Additionally, participants were asked to share where they believe future efforts should be focused. Also, participants were asked if there was anything else, they wanted to discuss that wasn't explicitly asked.

A key theme that emerged from the participants' responses was to continue to promote the ACE Interface Initiative. Participants mentioned the value of the initiative and hope for MCCC to increase the number of Master Trainers and Presenters, as well as the time allocated to trainings and presentations.

Another key theme that emerged from the participants' responses was the need to directly reach communities who are considered to be most impacted by ACEs or trauma. As a result, ACE scores will likely decrease and will improve health outcomes.

The following lists contain key themes, in bullet form, from most frequently shared to least frequently shared.

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

“I think that's part of what we need to continue to bring into the work and remember that we all play a critical role in helping to hold space for this healing work”

“Continue to keep that conversation going and have more people discussing these things because that’s an important piece, to sort of have that awareness and have more people looking at these issues”

“We need to be able to build connections with people who are there, day in and day out, that could help do the work, get the information out there, communicate what we're trying to do, and present those talking pieces, be those talking heads from community to the community”

“I wish that we could reach families who are experiencing the impacts of ACES and trauma, more directly, but it's just it's really hard to do outside of the programs”

Interpretations, Next Steps and Conclusions

Interpretations:

The purpose of this evaluation was to answer how and to what extent this initiative contributed to thriving, resilient communities on the interpersonal, organizational, and systematic levels, as well as what kinds of ripple effects were happening in these communities. Participants mentioned that relationship dynamics, valuable curriculum topics and continued support from MCCC staff, other Master Trainers, and Presenters empowered them to continue to value and advocate for the ACE Interface Initiative. Participants expressed their passion for the initiative as well as their level of dedication to their communities in improving health outcomes. The initiative provided participants with the knowledge and skills to effectively reach community members and spread knowledge about ACEs, protective factors, trauma-informed approaches, and resources. Participants 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. ACEs and historical trauma were described as valuable curriculum topics. One participant described these curriculum topics as helpful it that it allowed them to make sense of things that they haven’t been able to make sense of before. Participants mentioned that community members that received this information were able to share it among their social networks.

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. Participants 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. Examples of these include but are not limited to; social-emotional learning in school-based settings, involvement of human resources (HR) and mental health

resources for employees, ACEs and trauma education in congregations, resiliency education in child welfare systems and juvenile justice systems, tribal resolutions on historical trauma trainings for new hires and existing staff, and many more. Integration of these initiatives, programs and services in communities serve as protective factors in improving ACEs scores and health outcomes and will result in an increase in community resiliency.

Changes in communities on a broader scope were prevalent in the form of practices and policies as a result of this initiative. These practices and policies will serve as contributing factors in terms of long-term outcomes in communities. Examples of these include but are not limited to; implementation of response to invention (RTI), resiliency and restorative practices, specific trainings devoted to populations considered to be of “high risk,” a tribal policy for training on ACEs and historical trauma, integration of the initiative in hospital strategic plans, integration of trainings in clinical practice specifically children’s mental health clinicians, implementation of a research-based questionnaires on social-emotional health, implementation of trainings for police departments, and many more. Several policies continue to be advocated for including the HF-342-MN African American Family Preservation and Child Welfare Disproportionate Account. This policy would provide cultural competency training for the Child Protection Workforce, call for the creation of an African American Child Welfare Advisory Council and the addition of six specialists to the Department of Human Services to monitor outcomes and assist counties in the elimination of disparities, and ensure that all possible effects that are in the best interest of the child are exhausted before placement into foster care. There is continued support for the “Make It Okay” campaign in reducing the stigma around mental illness, and the “Handle With Care” initiative that notifies teachers when a child has had a traumatic experience. These advocacy efforts will have a vast impact on long-term outcomes in communities.

Effects at the interpersonal, organizational and systematic levels were apparent and aided in identifying the ripple effects of the ACE Interface Initiative throughout the state of Minnesota. The majority of participants’ responses during the qualitative interviews focused on the interpersonal effects as a result of the initiative. Organizational and systematic level effects posed difficult to measure with the current pandemic and coronavirus outbreak. Whereas, interpersonal effects including one’s family, friends and social network were simpler for participants to identify during these times. Participants mentioned their ability to continue informing community members at the interpersonal level via one-on-one meetings and in conversation. Additionally, the majority of the ripple effects of the ACE Interface Initiative, were found in the Metro (7 counties) and Northwest (26 counties) regions of Minnesota. This is likely due to the fact that seven and five of the nineteen participants were located in the Metro and Northwest regions of Minnesota, respectively. The Metro region is also highly populated, therefore more community members have likely heard of the ACE Interface Initiative or received a formal presentation. The Northwest region contains the largest number of counties as compared to other regions (i.e., Northeast, Metro, Central, Southwest and Southeast), which likely is contributing to the same effect.

Participants agreed this is an optimal time to continue to advocate for the ACE Interface Initiative and to help community members see this work as relevant and a public health priority. Participants expressed that we all play a critical role in helping to hold space for this healing work and stressed the importance of collaboration among community members, organizations

and local and state legislature in working together to share resources across Minnesota's communities. Participants conveyed their gratitude for MCCC's continued efforts in empowering parents and communities to build supportive relationships, nurture children, and prevention child abuse and neglect.

Next Steps:

Participants provided their feedback regarding the ACE Interface Initiative which refers to MCCC's training of Presenters in sharing the ACE Interface curriculum, as well as related NEAR Science concepts as a result of these initial trainings. To address this feedback, the Student Consultant recommends the following next steps.

All participants expressed the need to continue advocating for the ACE Interface Initiative and promoting the work as valuable. Additionally, participants expressed a need to increase the number of Master Trainers and Presenters, as well as the amount of time allocated to these trainings and presentations. To address these concerns, MCCC (FamilyWise) could build infrastructure to greater support the network of trained presenters to complete their certification and continue presenting. While staff has limited capacity for presenter support, facilitating tech-connected support networks between presenters and Collaboratives could allow greater coordination and mutual assistance among presenters.

Many participants expressed the need to directly reach communities who are considered to be most impacted by ACEs or trauma. To address this suggestion, it would be beneficial to consider who hasn't heard this information, and engage community members who are disproportionately impacted by ACEs and historical trauma to attend a presentation and become ACE Interface presenters. It would also be beneficial to assess traumatic events that have been recorded in the state of Minnesota. Three participants mentioned the 1997 Red River and Minnesota River Flooding of Western Minnesota. Like most historic spring floods, the 1997 flood were preceded by an abundance of late season snow. Record flooding occurred at various locations along both the Red River and Minnesota River. The structural damage in Minnesota alone was approximately \$300 million, and fifty-eight of the eighty-seven counties were declared "Federal Disaster Areas." Over 23,000 families were affected by the floods, and the total economic impacts were estimated to be nearly \$2 billion.

The current pandemic and coronavirus outbreak have also proven to be a traumatic event, that although has had an impact across demographics, disproportionately effects minority populations. These are just a few examples of traumatic events that have been linked to negative health outcomes in communities. In light of these community-level traumatic events, Master Trainers and Presenters could prioritize to share the ACE Interface curriculum with communities that have been disproportionately impacted by those traumatic experiences.

Many participants expressed that it would be beneficial to increase the diversity of certified Master Trainers and Presenters. Only one participant identified as 'Hispanic,' whereas seventeen participants identified as 'Non-Hispanic' (one participant provided no data). Additionally, zero participants identified as 'Asian or Pacific Islander,' 'Middle Eastern or North African' and 'Multiracial.' Only 5% identified as 'Indigenous or Native American,' and only 25% identified

as 'Black or African American' (one participant provided no data). The majority, 65%, identified as 'White.' These findings demonstrate a lack of diversity in terms of ethnicity and race in providing a sense of inclusion to community members receiving presentations. One participant described; "it's more impactful for those receiving this information when they notice, this person looks like me, speaks my language, shops where I shop, 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.

The final step recommended is to review the findings of this qualitative evaluation with FamilyWise staff and leaders to assess their level of agreement regarding the recommendations suggested within this evaluation.

Conclusions:

Participants expressed how and to what extent MCCC's ACE Interface Initiative has contributed to thriving, resilient communities on the interpersonal, organizational and systematic levels. At the interpersonal level, participants mentioned relationship dynamics and valued curriculum topics. Participants mentioned the curriculum provided an increased sense of awareness in regard to ACEs and a shift in the tone of conversations being had within their communities. Participants valued the ACEs and historical trauma components of the curriculum, for their ability to connect community members and allow them to make sense of their emotions and forms of expression. At the organizational level, participants mentioned changes they've seen in their communities and new initiatives, programs or services that arose as a result of the ACE Interface Initiative. Participants mentioned an increase in their community's desire to become involved in this work, and mentioned that community members have approached them to promote this initiative in various organizations and institutions throughout their communities. It can be noted that participants and community members have identified this as an important health issue.

New initiatives, programs or services that emerged from the ACE Interface Initiative include the integration of social-emotional learning in schools and other institutions, involvement from human resources, and an increase in mental health resources for employees. Lastly, at the systematic level, participants mentioned practices and/or policies that have arose as a result of the ACE Interface Initiative. RTI, resiliency and restorative practices were implemented within their communities as well as specific trainings for "high-risk" populations. A tribal policy for training on ACEs and historical trauma was also enacted, and several policies continue to be advocated for in bettering the future of generations to come.

Participant's responses to these levels (i.e., interpersonal, organizational, systematic) demonstrate the 'ripple' effects that are happening in their communities and throughout the state of Minnesota as a result of the ACE Interface Initiative. Because of this, the ACE Interface Initiative plays an integral role in ensuring Minnesota's children thrive and resilient communities are formed.

Appendix

I. Logic Model:

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
MCCC Staff & Personnel	Understanding NEAR Science: Building Self-Healing Communities Presentations	Number of Community Members who have received Understanding ACEs Presentation	Increase in knowledge & understanding of ACEs as one of the most powerful determinants of health	Increase in adult's ability to make decisions & take action to protect & respond to their needs & the needs of children in their care	Increase in the number of children who have reached their full potential by growing & developing relationships that are healthy & protective in nature
ACE Interface Curriculum	Regional ACE Interface Presenter Trainings	Number of Presenters Trained	Increase in knowledge of the effects of historical trauma	Increased use of & access to trauma-informed practices in family service settings	Decrease in rates of abuse, neglect & household dysfunction
ACE Interface Presenters	Technical Assistance for ACE Interface Trainers, Presenters & Presenter Candidates	Number of Presenters Certified	Increase in knowledge of protective factors & resilience strategies	Decrease in possible risk behaviors	Decrease in ACEs scores in the following generations
ACE Interface Master Trainers	Supplemental Trainings on Historical Trauma, Individual & Community Resilience	Number of Master Trainers Certified	Increase in compassion for self & others	Increase in individuals and communities across sectors and the state to employ creativity	Decrease in risk for negative health outcomes
Technology		Number of Master Trainers Trained			
Facilities		Number of Master Trainers Certified			
		Number of Communities who have received	Communities include members		

	<p>Strategies & Coaching</p> <p>Community Resilience Conversations & Planning, 100 Cups of Coffee</p> <p>Supporting Communities in Developing Community Resilience Plans</p> <p>Supporting Communities in implementing strategies & initiatives from Community Resilience Plans</p>	<p>Understanding ACEs Presentations</p> <p>Number of Communities receiving Regional ACE Interface Presenter Trainings</p> <p>Number of Communities participating in Community Resilience Conversations or 100 Cups of Coffee</p> <p>Number of Communities developing Community Resilience Plans</p> <p>Number of Communities implementing Strategies & Initiatives from Community Resilience Plans</p>	<p>most impacted by ACEs in generating & implementing solutions</p> <p>Communities create a Community Resilience Plan guided by local wisdom & quantitative data</p>	<p>to innovate healing responses to trauma</p> <p>Community-based resilience initiatives gather regularly to share what they are trying in their individual settings, learn from what's working & what isn't, & adjust course</p>	<p>Decrease disparities in health outcomes between white communities & communities of color & indigenous communities</p>
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II. Definitions:

NEAR Science: A cluster of fields of study that include Neuroscience, Epigenetics, ACEs and Resilience.

Epigenetics: The study of the change in genetic expression in future generations due to experiences of parents, such as trauma.

ACE Interface Curriculum: Licensed curriculum that is co-authored by Dr. Robert Anda, Co-Principal Investigator of the ACE Study, and Laura Porter, an experienced leader of community-based and policy-level application of NEAR Science.

Understanding ACEs Presentation: A presentation based on the ACE Interface curriculum that can be presented by staff or volunteer presenters who have received the Regional ACE Interface Presenter Training.

Regional ACE Interface Presenter Trainings: A two-day training that prepares a cohort of 30 presenters to deliver Understanding ACEs Presentation in their communities.

ACE Interface Presenters: Individuals who have attended the two-day regional ACE Interface training led by MCCC/FamilyWise staff & Minnesota Master Trainers, and have been trained to deliver the Understanding ACEs Presentation in their communities.

Master Trainers: Individuals who have attended a Master Training led by ACE Interface co-founders Laura Porter and Dr. Anda.

Collaborative Coordinators: Individuals who oversee 1 of 90 regionally-based Children's Mental Health or Family Services Collaboratives. MCCC/FamilyWise partners with Collaborative Coordinators to disseminate Understanding ACEs Presentations, ACE Interface Presenter Trainings, and Community Resilience Conversations in their local communities.

Community Resilience Conversation: Conversations that allow time for community members, parents, and practitioners to discuss ways to develop resilience, guided by community data. Each community is unique, so the design of the conversations may vary, driven by community needs, strengths, and data. These inclusive conversations will help gather stories and statistics to inform the development of Community Resilience Plans.

100 Cups of Coffee: An interview tool developed by Melissa Adolfson and Wilder Research. The tool supports 1:1 conversations with community members and seeks to hear from many people (though it doesn't have to be 100) in the community about community needs and ideas for addressing those needs, responding to ACEs, and building resilience. This can be a way to hear from people who may not be likely to come to a community meeting and can also build relationship and trust that could lead to greater participation in future community-engaged processes.

Community Resilience Plan: Strategic plans that reflect the goals and steps that communities and their partners plan to take to decrease ACEs and increase protective factors in their community. These plans will help a community identify community goals and priorities to concentrate efforts that will put awareness into action to create self-healing communities. The plans will incorporate leadership expansion, community collaboration, shared learning, and results-based decision making. The goals of the plan include: 1. Enhance community collaboration and capacity; and 2. Implement strategies to enhance protective/resilience factors and reduce ACEs.

Protective Factors: Characteristics that, when present in an individual, family, or community, reduce the likelihood of abuse and neglect and increase well-being. Protective factors include but are not limited to; parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.

Core Gifts: An individual's capacities, talents, and skills.

Self-Healing Communities Model: Developed by Laura Porter and her colleagues in Washington in the 1990s. This model helps communities build their own capacity to define and solve problems. The Self-Healing Communities Model focus is on four phases: 1. Leadership Expansion: expanding the circle of people who are actively engaged in leading community improvement efforts makes them more likely to succeed; 2. Focus: generating a shared understanding of the values and priorities that make up the local culture helps residents generate solutions everyone wants to support; 3. Cycles of Learning: interactive and reflective processes support the learning of community members and lead to continuous transformation; 4. Results: local participation in research and reporting of outcomes motivates communities to improve their strategies and activities based on the gap between current outcomes and their aspirations for community and family life.

III. Communities in Minnesota as Identified by Participants:

Geographic/Regional	Ethnic/Racial	Tribal	Academic/School Institutions	Other Professional Sectors	Religious/Spiritual
Bemidji County	African American	Leech Lake Tribal Community	Local school Districts	Healthcare Community	Faith Communities
Beltrami County	Brazilian		School Staff and Administrators	Human Services Professionals	Christian Church
Winona County	Somali			Government entities	Chaplain Students
Ramsey County				Children's Mental Health Professional	
Itasca County				Family Services	
Becker County				Doctors & Nurses	
Otter Tail County				Hospital & Medical Staff	
Hubbard County					
Goodhue County					
St. Louis County					
Grant County					
St. Cloud					
Medina					
Brainerd					
Metro Minnesota					

IV. Counties in Minnesota as Identified by Participants:

Northwest	Northeast	Metro	Central	Southwest	Southeast
Becker	Carlton	Hennepin	Stearns		Goodhue
Beltrami	Itasca	Ramsey			Winona
Crow Wing	St. Louis				
Grant					

V. Interview Questions:

What do you consider to be your community in regard to sharing the ACE Interface curriculum? (or related NEAR Science topics)

Prompts (if interviewee is totally stumped about what their community is): examples of communities include, but are not limited to:

- *Place (communities of people brought together by geographic boundaries)*
- *Interest (communities of people who share the same interest or passion)*
- *Action (communities of people trying to bring about change)*
- *Practice (communities of people in the same profession or undertake the same activities)*
- *Circumstance (communities of people brought together by external events or situations)*

First-Level Questions (Intrapersonal & Interpersonal)

1. Tell me about yourself. How did you get involved in this work? What drew you to MCCC's ACE work?
2. How have you shared this information with others? Has it been mostly through formal presentations, one-on-one meetings, or in conversations?
3. What kind of audiences/sectors/community groups have you reached?
4. What NEAR Science concept do you think is most important to communicate to your community? Why?
5. Tell me a story of how you have seen this initiative affect others around you? (your family, your friends, or your community)

Second-Level Questions (Community & Organizational)

6. What changes have you seen in organizations or in your community as a result of this initiative?

Prompts that we want to ask if they don't address: "What about changes in...?"

- a. *Knowledge*
 - b. *Skills*
 - c. *Attitudes*
 - d. *Interaction between adults and children*
 - e. *The way individuals or organizations work together*
7. Do you have any examples of ways this initiative helped to expand or deepen connections in your community? Were there any specific initiatives/programs/services that arose out of the ACE Interface initiative?
 8. Are you aware of any other initiatives taking place now in your community that may be contributing to some of these ripple effects?
 9. How successful has this initiative been at engaging those most impacted by ACEs or trauma?
 10. Other factors, such as the community's economy or the current political climate, can have an impact on this initiative. From your perspective, are there other factors in the community that have contributed to positive or negative impacts?

Third-Level Questions (Systemic)

11. Have there been any changes in practices or policies as a result of this initiative?

Prompts we want to ask if they don't address: "What about changes in...?"

- a. *At the organizational level? (workplace, church, community center, school)*
 - b. *At the sector level? (institutional, etc.)*
 - c. *At the local/state government level?*
12. Has this initiative impacted broader awareness of or support for this issue? If yes, how?
13. Are there things that have happened as a ripple of this initiative that you wish hadn't happened? Are there negative or "down sides" of the initiative that you can speak to?

Wrap-Up Questions

14. Do you have any recommendations for how MCCC, now FamilyWise, could better support you and your community?
15. Where should future efforts be focused?
16. Is there anything you want to discuss that hasn't been asked?