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The Health Consequences of Adverse Childhood Experiences: Building Resilient Communities

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Running head: The Health Consequences of ACEs

The Health Consequences of Adverse Childhood Experiences: Building Resilient Communities.

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Abstract

Studies have identified that trauma experienced as a child directly affects your health later in life.

In Sonoma County, one in four children have experienced two or more Adverse Childhood Experiences (ACEs) before the age of 18. Twenty-two percent of Sonoma County adults reported experiencing four or more ACEs before the age of 18. With the high rates of ACEs in our community this fieldwork placement aimed to bring awareness and build community capacity to understand and address ACEs and foster resiliency. To raise awareness in our community we developed the ACES and Resiliency Fellowship Series, which trained 60 fellows in ACEs science and resiliency. To further extend outreach we held a presence on the national ACEs Connection networking website. This was a great resource and archive for Sonoma County to share best practices with other communities, as well as our own. To assess the impact and knowledge retention of this work, surveys were completed at all fellowship events. Future works will include potentially training another cohort of trainers, as well as engaging key stakeholders at the policy level to shift the question from “What’s wrong with you?” to “What happened to you?”

The Health Consequences of Adverse Childhood Experiences: Building Resilient Communities

Introduction

Trauma experienced during childhood has many adverse physical and mental health consequences. Research shows that exposure to trauma, as a child is associated with poor health outcomes throughout adolescents and adulthood (Center for Youth Wellness, 2014). One way of assessing someone's exposure to trauma is by using the Adverse Childhood Experiences (ACEs) Score Questionnaire (See Appendix A for the ACE Score Questionnaire). The ACEs Score measures 10 different types of childhood trauma, five of the questions being personal questions and the other five relating to one's family members. The five personal questions include, physical abuse, verbal abuse, sexual abuse, physical neglect and emotional neglect. The other five questions are in regards to family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment (ACEs Too High, 2012). Trauma effects not one race, or socioeconomic group. Trauma is seen across all ages, gender, socioeconomic status, race, ethnicity, geography or sexual orientation (Resmiye, et al., 2016). In one study, as the number of ACEs increased they saw an increased risk and prevalence of smoking, severe obesity, physical inactivity, depressed mood, and suicide attempts (Felitti, et al., 1998). Adverse childhood experiences are more common than one may think, in California alone 61.7% of adults have experienced at least one ACE and 16.7% of Californians have experienced at least 4 or more (Center for Youth Wellness, 2014). A strong dose response was seen in relation to ACEs and many substance-related behaviors, including: early initiation of alcohol use, problem drinking into adulthood, an

increased risk of early smoking and heavy smoking throughout adulthood, prescription and illicit drug use (SAMHSA, 2017). Also they found a strong relationship between ACEs and behavioral problems, including: increased risks of suicide attempts, lifetime depressive episodes, sleep disturbance, sexual risk behaviors and teen pregnancy. It is important to note that the cost of mental health and substance use disorders are expected to cost \$280.5 billion dollars by 2020, which is an increase from \$171.7 billion in 2009 (SAMHSA, 2014). We are also seeing the estimated lifetime cost of a maltreated child costing \$210,012. On average, in one year the United States spends \$124 billion on maltreatment cases (Fang, Brown, Florence, & Mercy, 2012). This far-ranging public health issue needs to be addressed at all levels of the Social Ecological Model in order to relieve this social, behavioral and economical burden; working towards building resilient communities.

Background

Looking at the far-reaching consequences of Adverse Childhood Experiences it is imperative that we address this public health issue head on. Studies have shown that as the number of traumatic exposures increase, the number of co-occurring health conditions increase as well, causing a dose response (Felitti, et al., 1998). To better understand the protective factors already in place, the Social Ecological Model will be used as a guide. On the individual level education should be provided to parents and expecting parents. One study found that by targeting parents of newborns in a hospital-based education program the incidence of abusive infant head injuries was decreased by 47% (Dias, Kim, deGuehery, Mazur, Li, & Shaffer, 2006). Early identification of trauma is crucial, as well as advocating for trauma-informed care. One study found that giving families a voice provided them with the opportunity to take part in their health. Also improving the service provider's knowledge of the patient's needs and priorities, therefore moving forward with their treatment plan (Dayton, et al., 2016). Home visiting programs have also been utilized throughout the United States, especially in instances where nurses are working with high-risk families. This type of program seeks to strengthen family resilience through training, education and support. By strengthening the parent-child and parent-mentor relationship the resiliency of that family is strengthened. The Task Force on Community Preventive Services found a 40% decrease in episodes of abuse and neglect do to home visiting programs during early childhood (Middlebrook & Audage, 2008).

At the community level, models such as the Self-Healing Communities Model was created with the intention to empower communities to recognize their ability to make change and be heard. By building the capacity of communities to create new cultural norms, with the goal to improve the health, safety and productivity of many generations to come (Porter, Martin, & Anda, 2016). Social networking platforms are a huge contributor to the spread of awareness

about ACEs. One example being the ACEs Too High website, which reports on ACEs research in regards to epidemiology, neurobiology, epigenetics and more. They also include information about how work around ACEs is being implemented at the individual, community and organizational level (ACEs Too High, 2012). ACEs Connection Network is also a place where members can share information resources and tools working together to foster resilience (ACEs Connection Network, 2012).

The Mobilizing Action for Resilient Communities (MARC) Learning Collaborative is a national collaborative. MARC uses ACEs research to foster resilience and pushes for ACEs research to be put into practice and influence policy change. The collaborative includes: educators, physicians, social service providers, researchers, elected officials, first responders, parents and youth (The Health Federation of Philadelphia). Significant data has been collected on the health consequence of ACEs, and wonderful work has been done thus far to address ACEs, but we still need to stress the importance of trauma-informed care. Health care providers are often providing acute services potentially overlooking the larger picture of one's health. Often there may be an underlying trauma that could be the root of the health issue (Hopper, Bassuk, & Olivet, 2009). Trauma-informed care integrates the awareness and understanding of trauma from a cultural/philosophical stance (Hopper, Bassuk, & Olivet, 2009). One study found that children that received trauma-informed care had better self-esteem and reported improved relationships and increased safety. With the overarching goal of trauma-informed care in mind, the first level of advocacy is raising awareness around ACEs research. By training community members in the research of Dr. Vincent Felitti and Dr. Robert Anda comes the improvement of community member's knowledge and ability to share ACEs science with fidelity to others. The target population of trainees would include for example health care providers, school educators,

psychologists, law enforcement, mental health providers, etc. By advocating for trauma-informed care through staff trainings, sharing ACE research and using the ACE scoring tool, a paradigm shift in how providers deliver their services could change drastically.

Scope of Work

For my fieldwork placement I worked at the Sonoma County Department of Health Services. The Department of Health Services works to promote and protect the health and well being of all community members. I am currently working along side over 160 staff members in the Public Health Division. The Public Health Division works to promote optimal health and quality of life, through service, science, leadership and community action. The Public Health Division provides health care, educates community members about disease and injury prevention, and monitors the overall health of the population, through population-based health programs and policies (County of Sonoma Department of Health Services).

The Sonoma County Department of Public Health Division received the National Mobilizing Action for Resilient Communities (MARC) Grant from the Philadelphia Health Federation. “The purpose of the MARC grant is to, “support communities committed to building a just, healthy, and resilient world (.The Health Federation of Philadelphia)” The Department of Health Services is working to increase awareness and prevention of traumatic childhood experiences and build resilient communities. There are three grant deliverables that ACEs Connection hopes to achieve. Number one is to strengthen the ACEs Connection infrastructure; For example by working on the strategic planning process, working guidelines and committee development. Number two is to build community capacity to understand and address ACEs and foster resiliency; For example creating a fellowship program. Lastly number three is to leverage existing initiatives to align with ACEs prevention and trauma-informed frameworks. For example having the MCAH Advisory Board write a letter to the Supervisors to advocate for including ACEs on the legislative platform.

To raise awareness in our community the ACES and Resiliency Fellowship Series was created, which trained 60 local presenters in ACEs research and resiliency using the ACE Interface curriculum. ACE Interface provides educational curriculum to help engage and motivate community members to prevent ACEs and improve the well being of our communities. The material includes information about ACEs, developmental neurobiology, resilience and community empowerment. The information is precise, but personal and was designed to have a multiplier effect to disseminate knowledge promptly in a way that can be shared to a wide and diverse set of audiences (ACE Interface, 2017).

The fellowship initially was only going to train 25 local presenters, but because numerous community members expressed interest in this work, two cohorts were created. The first cohort consisted of the master trainers, who were trained by Dr. Robert Anda in ACE science and resilience. The master trainers were expected to not only present the ACE Interface information at any level, but also have the skills and abilities to train others and monitor their success. The master trainers were also asked to attend all fellowship events and present the ACE Interface Presentation at a minimum of four times. The second cohort consisted of the presenter trainers, who were trained by the master trainers using the train-the-trainer strategy. These individuals were expected to present a shortened version of the ACE Interface Presentation to at least one community member audience, but most importantly to inform their own work.

The fellowship consists of four different components; there are two Master Trainer Practice Sessions, one Presenter Training Session, six Community of Practice Sessions and the ACE Interface Community Presentations that each member of the two cohorts will present. Each Community of Practice Session includes the short 30-minute ACE Interface presentations entitled, “Understanding Neuroscience, Epigenetics, Adverse Childhood Experiences, and

Resiliency.” This 30-minute presentation is an opportunity for the Master Trainers to practice delivering the material to the community. We then have one or two guest speakers come and speak to our community members around topics related to ACEs science, resilience and ACEs science in action.

In an effort to raise awareness and foster resilience as a part of this movement, I created four learning objectives that encompassed the deliverables of the grant. Goal one was to develop research skills and create a repository of ACEs and resiliency resources. I achieved this goal by contributing site content to the ACEs Connection Website by posting research around ACEs, sharing any upcoming events around ACEs and trauma and posted articles related to ACEs and Resiliency. Also I gathered information and created a timeline that captured the effort that Sonoma County ACEs Connection has contributed to our community since the beginning of the coalition.

Goal two was to coordinate and facilitate capacity building, which operated on the community level of the Social Ecological Model. I achieved this goal by facilitating the MARC webinar’s and attended the monthly ACEs Connection Meetings. I often created sign in sheets, agendas and sent out reminder emails for these events. Also I was responsible for posting all the MARC Webinar events on the ACEs Connection website as well as, inviting ACEs Connection members through our Sonoma County outlook calendar.

Goal three was to facilitate community engagement, which also operated on the community level as well as, the societal level of the Social Ecological Model. This goal was one of the larger projects I worked on. I served as a member on the coordinating committee with five other members to put together and deliver the ACEs and Resiliency Fellowship series. For each Community of Practice Session myself and one other person were responsible for creating the

Eventbrite pages for each event. Each page included the title, bios and photos of the speakers, learning objectives for the event, and the agenda for the day. I was also responsible for requesting Certified Education Units for our Registered Nurses and Behavioral Health workers. This process included submitting speaker resumes, learning objectives, agendas, sign in sheets and evaluations. Before each session I usually was in charge of printing agendas, directional signs, handouts, posters, and exporting the sign in sheets. Lastly, I provided all event postings on our ACEs Connection website page.

Goal four was to help collect evaluation data from the ACEs and Resiliency Fellowship. Evaluations included: The ACEs and Resilience Fellowship pre-surveys for the two cohorts, Community ACE Interface Presentation Surveys and the Community of Practice Session Surveys. I created Google forms for each of the surveys and was responsible for scanning, uploading and entering all the data for the fellowship. This data was then forwarded as an Excel sheet and sent to our analyst.

Public/Population Health Impact: Findings and Significance

Throughout my fieldwork I worked towards meeting the goals and deliverables for the MARC Grant. The deliverable that I addressed significantly was, “building community capacity to understand and address ACEs and foster resiliency.” Much of our focus was on bringing awareness to our community through our ACES and Resiliency Fellowship Series, our ACE Interface presentations presented by the Master Trainers and the Presenter Trainers and our online networking presence on Sonoma County ACEs Connection website. As of May 1stth, 2017 the fellowship has completed two Master Trainer Practice Sessions, one Presenter Training Session and three Community of Practice Sessions, since October 2016. There are three remaining Community of Practice Sessions, which will take place through the end of July 2017.

ACEs and Resiliency Fellowship

Community of Practice Sessions. Our first Community of Practice Session was entitled Culture, Compassion, Competence and Humility, which was held on February 28th, 2017 (See Appendix B for Eventbrite flyer). The objectives of this session were to explain the difference between cultural competence and cultural humility while promoting awareness around cultural diversity. The speakers also sought to increase the community’s knowledge about the common culture of Latino families in the integrated behavioral health setting. Ninety-five people registered for this event and \$788 was raised. Forty people filled out evaluations of this session. We received a lot of positive feedback with thirty-five of 40 people finding the information useful to their needs. Thirty-three of 40 people found that the information was useful for their work. Thirty-four of 40 people felt that the training met the learning objectives. Thirty-three of 40 people felt that the training was a three out of three. (See Appendix C for Evaluation Form)

Our second Community of Practice Session was Building Resilience on a Solid Foundation, which was held on March 21st, 2017. The objectives of this session were Identify the five parts of ACEs science and why it's important to include all parts in laying the foundation for integrating resilience-building practices in an organization or community. Define the essential common activities that organizations that are incorporating trauma-informed and resilience-building activities have used to implement practices based on ACEs science. The last objective was to analyze their own community's progress on integrating resilience-building activities. Sixty-nine people registered for this event and \$483 was raised. Twenty-eight people filled out evaluations. Of the 28 people 21 found the information was useful to their needs. Twenty-three of the 28 people found the information was useful for their work. Twenty-four of the 28 people felt that the training met the learning objectives. Twenty-one of the 28 people felt that the training was a three out of three.

Our third Community of Practice Session was entitled, One Immigrants Path to Resilience, which was held on April 25th, 2017. The objectives of this event were to provide an overview of the marginalization of Asian and Pacific Islanders (API) who are incarcerated in the Prison Industry Complex. The second objective was to raise awareness about the need to provide culturally competent programs and resources to help reduce recidivism and create a safe community. Understanding and challenging the migration to school-to-prison and deportation pipeline. Recognizing the intergenerational trauma that exists among API communities and the resulting problems that this community may experience. Lastly to learn how to be proactive and advocate for the voiceless, while

building multicultural relations. Sixty-two people registered for this event and \$323 was raised. This session has yet to be evaluated.

ACE Interface Community Presentations. Since November, the Master Trainers have presented forty-seven ACE Interface Community Presentations on topics from the ACE Interface curriculum, including: ACEs science, resilience, trauma-informed care, and historical trauma. Twenty-one of the forty-seven presentations were customized talks, meaning the presenter used their own slides or a mixture of the ACE Interface slides and their own. Thus far, only 100 of the 205 evaluations have been analyzed. From 12-30-2016 to 3-14-2017, 100 evaluations from nine different presentations were collected (See appendix D for the full evaluation form). These evaluations looked at the increase in knowledge gained on ACEs research and how to use this knowledge in ones community. We asked participants to rate their knowledge before and after the workshop. We found that 21 of the 100 participants had very-low to low knowledge about the importance of identifying and addressing adverse childhood experiences, 46 of the 100 people felt they had a moderate knowledge, 31 of the 100 participants had a high knowledge and nine people had a very high knowledge. By the end of the training we found that 51 of the 100 people felt they had gained a very high knowledge of the importance of identifying and addressing ACEs. Forty-one people felt they gained a high knowledge and 11 people gained a moderate knowledge (See Table 1).

Other questions pertaining to their knowledge about their ability to teach others what they had learned about ACEs before and after the workshop. We found that 53 of 100 people rated their ability to teach between very low and low, 36 people felt they had a moderate ability, 14 had a high ability and two felt they had a very high ability. After the workshop the numbers

changed pretty drastically. Four people felt they had a low ability, but 38 people felt they had a moderate ability, 46 people felt they had a high ability and 17 people felt they had a very high ability to teach others what they had learned about ACEs during the workshop (See Table 2).

We also included a question about their knowledge on why their community needs to get organized and mobilized to identify and address ACEs. We found that 35 of 100 people rated their knowledge between very low and low, 43 people felt they had a moderate knowledge, 13 had a high knowledge and nine felt they had a very high knowledge. After the workshop only one person felt they had a low knowledge, 12 people felt they now had a moderate knowledge, 38 people now had a high knowledge and 51 people felt they had a very high knowledge about the importance of why their community needs to get organized and mobilized to identify and address ACEs (See Table 3). (Please see appendix E for other evaluation question results)

Sonoma County ACEs Connection

Since the start of my fieldwork I have contributed over 50 blog posts related to ACEs research, resilience, trauma-informed care, upcoming events, as well as resources and tool kits for other groups to use in their communities. I received a comment on one of my posts about how mindfulness and storytelling helps kids heal and learn. The comment read,

“ Thank you Elizabeth for sharing this insightful post on REACH Academy!
Please know I'm embedding the video clip with our youth leadership curriculum and will be purchasing the book to share with the elementary, middle and high school students severed respectively. Empowering children and youth with mindfulness skills is the epitome of their power to help themselves and build capacities on their self agency and efficacy.” (See Appendix F for full blog post)

This comment perfectly depicts the usefulness of this platform. We are seeing communities sharing stories and new ideas of how to address trauma in their communities. I had also found that ACEs Connection was a useful tool in creating the Sonoma County ACEs Connection Timeline, because it is a large database of all the great work that has already been done thus far in our community. It was also a place where I could share events that were going on in our community that addressed ACEs, trauma, trauma-informed care, resilience etc. Since starting my fieldwork I have shared over 45 events on our calendar.

Implications

More research is being done around ACEs and how it affects the brain and one's health, but there is still much more research that is needed on the impacts of trauma-informed care to strengthen its importance. I think studies need to be conducted on hospitals or private practices that can demonstrate the before and after of trauma-informed care and the cost reduction associated this practice.

In terms of the future implications it will be important to continue the ACEs and Resiliency Fellowship and Speakers Bureau. It is beneficial to continue raising science-based ACEs and Resiliency awareness by continuing to coordinate fellowship participant-led community workshops and presentations. Also potentially training another cohort in the future. As well as adding client-specific topics to the fellowship for example including, Maternal Mental Health.

Another implication would be to continue supporting the Self-Healing Community Initiatives regionally with small planning grants and technical assistance. The grant would continue to support staff to conduct client assessments and provide referrals for ACEs-related

services. Also one of our fellow Master Trainers presented the ACE Interface presentation to the Maternal Child Adolescent Health Board, who then took action to create a Legislative Policy Platform recommendation for the Board of Supervisors, which was adopted as a legislative priority for the Board.

It would also be beneficial to boost the views on the ACE Connection Website. By sharing blog posts on a social media such as Facebook, could be a potential outlet to spreading awareness at a larger scale. Spreading awareness beyond healthcare and social service providers to our parents and to our youth if content is appropriate could help push the movement in an upward trajectory. I also believe that my community would benefit from a program fostered to youth where speakers go into schools to address ACEs and also work on coping skills and art therapy outlets and work to build resiliency in our youth, one example could be painting murals. In terms of policy implications we need to move towards trauma-informed policy and make it mandatory for staff of health care settings, criminal justice systems and educational staff to be trained in this research. Also we need to advocate for mental health funding to include adverse Childhood Experiences research and trauma-informed care.

Conclusion

This fieldwork experience helped build community capacity to understand and address ACEs and foster resiliency, all while strengthening the ACEs Connection infrastructure. ACEs are more common than one may like to think. We are seeing trauma across all ages, genders, socioeconomic statuses, race, ethnicities, geography and sexual orientations. Research has shown that as the number of traumatic exposures increase, the number of co-occurring health conditions increase as well. Studies have found that children who receive trauma-informed care had improved self-esteem and reported improved relationships and increased safety.

By the year 2020 we are projected to spend \$280.5 billion dollars on mental health and substance use disorders and are currently spending \$124 billion dollars on maltreatment cases in one year. We can reduce this number by raising awareness in our communities about ACEs, as well as going trauma-informed in our schools and health care system. Sonoma County has been working hard to bring awareness to Sonoma County by providing our community with the ACEs and Resiliency Fellowship. Training members of our community to raise awareness about ACEs and resiliency can help improve Sonoma County's high ACE scores. Also our Fellowship and media presence on ACEs Connection can be used as a model for other communities who would like to join the movement to becoming a trauma-informed community. Together we need to advocate for trauma-informed policy and shift the paradigm from "what's wrong with you?" to "what happened to you?"

Tables

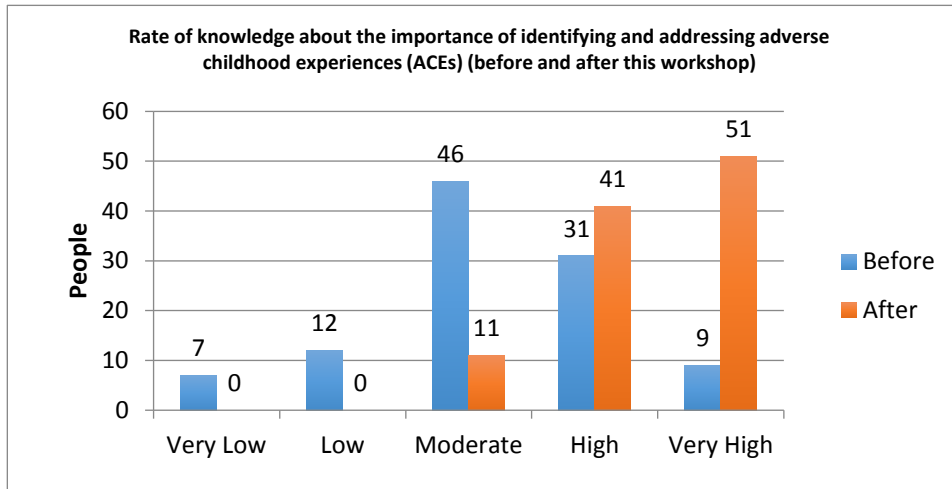


Table 1. Rate of knowledge before and after the workshop.

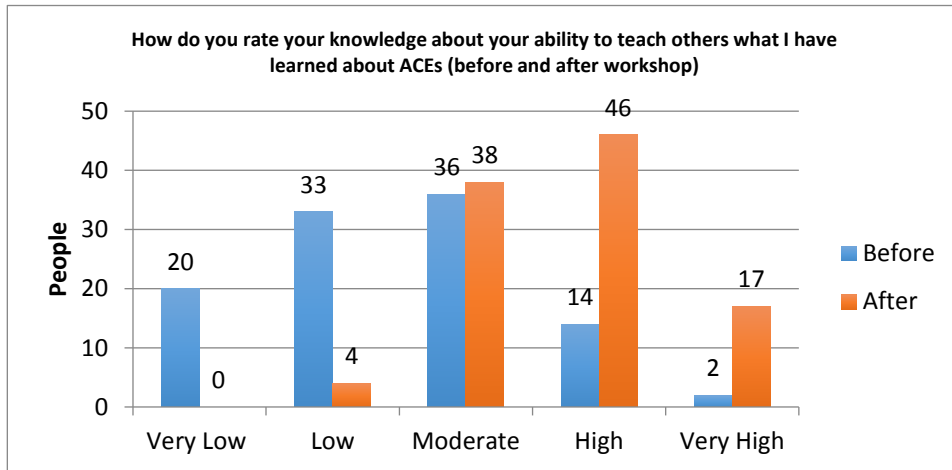


Table 2. Rate of knowledge before and after the workshop.

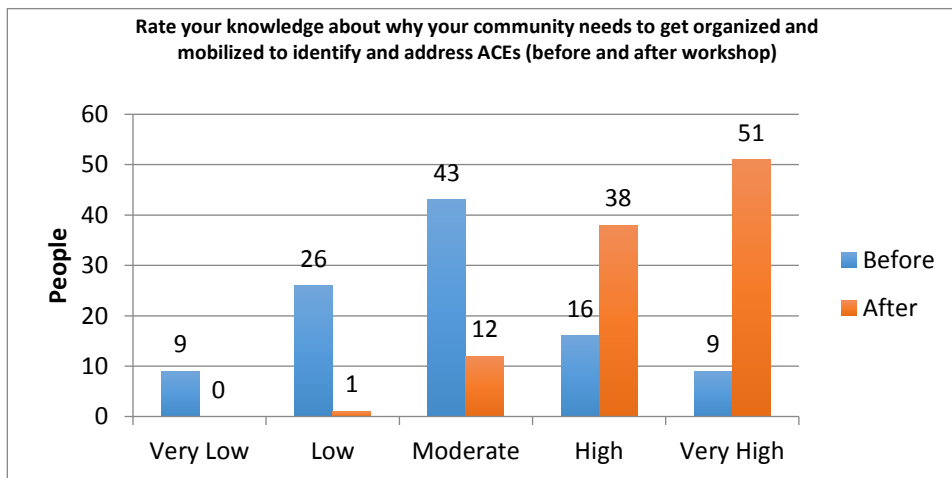


Table 3. Rate of knowledge before and after the workshop.

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Appendix A

What's your ACE Score?

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
No___If Yes, enter 1 __
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
No___If Yes, enter 1 __
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
No___If Yes, enter 1 __
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
No___If Yes, enter 1 __
5. Did you often or very often feel that ... you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
No___If Yes, enter 1 __
6. Were your parents ever separated or divorced?
No___If Yes, enter 1 __
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
No___If Yes, enter 1 __
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
No___If Yes, enter 1 __
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
No___If Yes, enter 1 __
10. Did a household member go to prison?
No___If Yes, enter 1 __

Now add up your "Yes" answers: _ this is your ACE Score

Appendix B

Culture, Compassion, Competence and Humility: Community of Practice will be held February 28th, 2017 from 9:00am-12:00pm.

Sonoma County ACEs Connection and partners brings you together to raise awareness about Adverse Childhood Experiences and resiliency. This Community of Practice Session will help each participant to continuously improve their knowledge and ability to share ACEs science with fidelity, as well as to realize important core values in the work.

ACEs and Resiliency Fellowship Participants, including Master Trainers and Presenters are invited to attend this session. Our staff will register Master Trainer's, as their participation is required. Presenters will register by purchasing a Presenter Program Participant ticket. We also invite up to 35 community members to join us. Please purchase a community member ticket.

Fee Waiver & Payment

Please type in the discount code "WAIVER" if you need to waive the cost for this event. (Enter this code by clicking the "Enter Promotional Code" blue text just above the green registration button). If you can support future activities by purchasing a ticket, please choose to pay with credit card or check when you register.

Agenda

Agenda	Length of Activity	Time
Welcome	10 min	9:00
ACE Interface's "Understanding Neuroscience, Epigenetics, Adverse Childhood Experiences, and Resiliency" (Master Trainer Participants)	30 min	9:10
Speakers – Dr. Roman Delgado	45 min	9:40
Break	10 min	10:25
Speakers – Kanwarpal Dhaliwal	45 min	10:35
Closing	10 min	11:20
Networking/Fellowship Updates - Optional	30 min	11:30

Presenter Learning Objectives:

1. Describe the difference between cultural competence and cultural humility
2. Promote awareness in cultural diversity
3. Increase knowledge about common cultural topics with Latino families in an integrated behavioral health setting

Presenter: Kanwarpal Dhaliwal, MPH

Kanwarpal Dhaliwal is a Co-Founder of RYSE and currently serves as the Director of Community Health and Integrative Practice. A primary focus of her work is to integrate healing-centered approaches, grounded in racial justice and liberation, across all of RYSE's programs, as well as development and promotion of policies, practices, investments, and research across the fields and sectors in which RYSE works. Kanwarpal has over 20 years of experience in developing and facilitating cross-sector collaboration, organizational development and strategic planning; community-based and community-driven planning, organizing, and advocacy. Her work spans the fields of supportive housing, youth leadership, LGBTQQ advocacy, immigrant rights, hate violence and intergroup relations. Kanwarpal holds a Masters in Public health and is adjunct faculty at San Francisco State University.

Presenter: Arlene Roman-Delgado, Psy.D

Dr. Román-Delgado serves as a psycho educational instructor and a community resources liaison for ACES to Santa Rosa Community Health Centers (SRCHC) conducting specialized psycho educational classes designed for the improvement of mental health of SRCHC patients and to support both psychiatry and psychotherapy for their patients. She has been performing outreach work representing the clinic in social and community events including radio and television.

She was part of the Pediatric Integrated Care Collaborative, one of the Category II centers of the [National Child Traumatic Stress Network \(NCTSN\)](#), from John Hopkins Bloomberg School of Public Health and is currently one of the fellows of the Sonoma County Trauma & Resiliency Fellowship. She holds a bachelor's degree from University of Puerto Rico, Rio Piedras campus, and doctoral degree in clinical psychology from Ponce School of Medicine, Puerto Rico (2010).

In the case of course cancellation, fees will be returned to applicants. Refunds must be requested in writing to alea.tantarelli@sonoma-county.org by February 24, 2017 at 5:00pm. Refunds will not be granted after that date and payment will be forfeited.

This course has been approved by the California Board of Registered Nursing, Provider #CEP 12787, for two continuing education contact hours, awarded by the County of Sonoma, Department of Health Services.

This course meets the qualifications for three hours of continuing education credit for MTFs, LPCCs, LEPs and/or LCSWs as required by the California Board of Behavioral Sciences, Provider No. PCE2834

The next session will be held March 21, 2017. Register now at:

<https://www.eventbrite.com/e/building-resilience-on-a-solid-foundation-community-of-practice-tickets-30963526742>

Appendix C

**Community of Practice
02-28-2017**

Evaluation

REQUIRED FOR CONTINUING EDUCATION UNITS

Thank you for taking the time to complete this evaluation. It will be helpful in our efforts to plan and improve our trainings. If you need additional space, please feel free to write on the back.

	<u>Very Much</u>	<u>Somewhat</u>	<u>Not At All</u>
Was the content appropriate to your needs?	1	2	3
How useful will the information be for your work?	1	2	3
To what extent were the training objectives met?	1	2	3
Overall, how would you rate this training?	1	2	3

Additional Comments

What was the best thing about the training?

What could have been improved?

What other topics would meet your needs?

PRINT NAME: _____ LICENSE NO _____

SIGNATURE: (Required for CEUs) _____

Appendix D

ACE Interface Presentation Evaluation

Group: _____

Trainer(s): _____ Date: _____

<i>As a result of this training, will you:</i>	No	Maybe	Yes	Already Doing This
1. Seek more information about the causes and effects of ACEs?				
2. Seek more information and guidance regarding trauma-informed practice?				
3. Actively participate in community-wide ACEs' efforts?				
4. Incorporate the learning into your daily interactions with family and friends?				
5. Incorporate the learning into your daily interactions at work?				

<i>How satisfied were you with the presentation and presenter?</i>	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
1. The presenter's level of knowledge about the content				
2. The presenter delivered the content in an interesting and effective way				
3. I would have liked to learn more about:				

Additional Questions

- What is your occupation? _____
- List one action or behavior that you will do as a result of this training.

- Would you like to be notified of upcoming events? If yes, please provide your email address. _____
- Would you like to join Sonoma County ACEs Connections? _____
- If you are interested in having an ACE's training in your community or at your organization, please include your name and contact information below, and we'll get in touch with you.

Name: _____ Phone: _____

Email: _____ Org: _____

Thank you for your feedback!

Appendix E

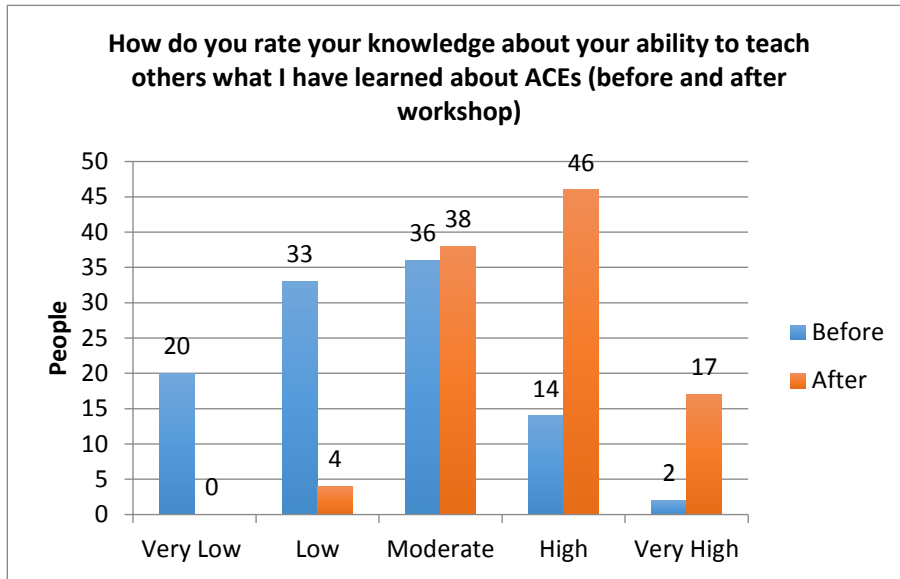


Table 4. Rate of knowledge before and after the workshop.

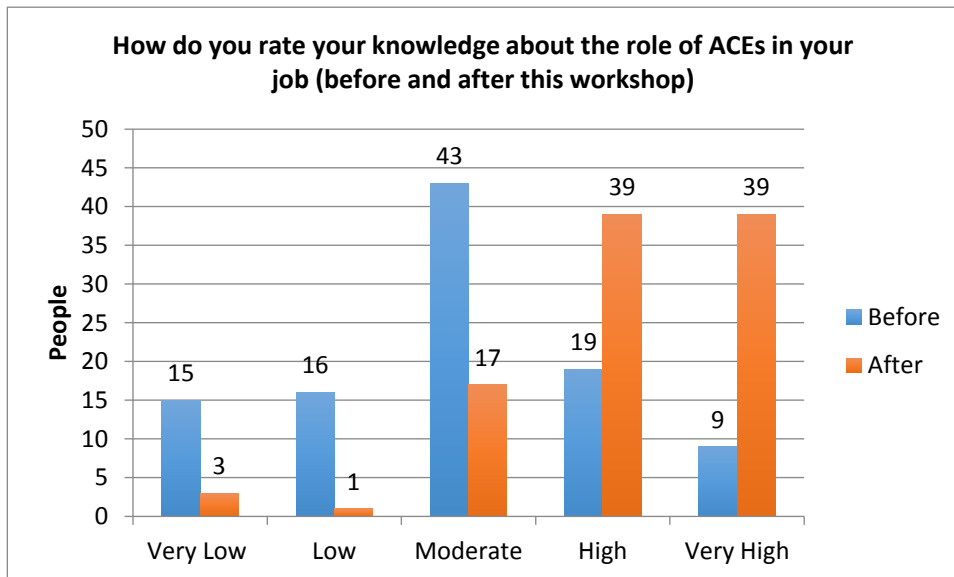


Table 5. Rate of knowledge before and after the workshop.

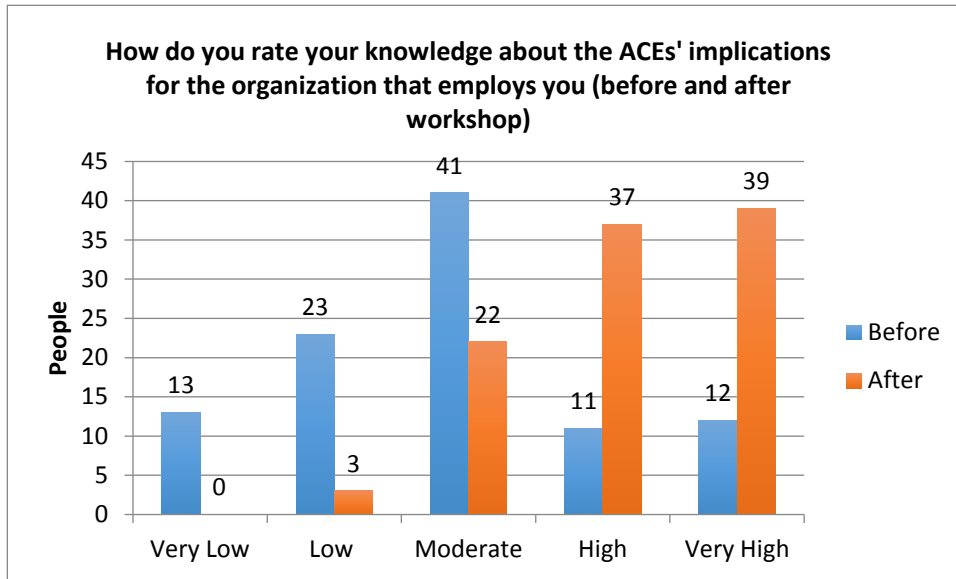


Table 6. Rate of knowledge before and after the workshop.

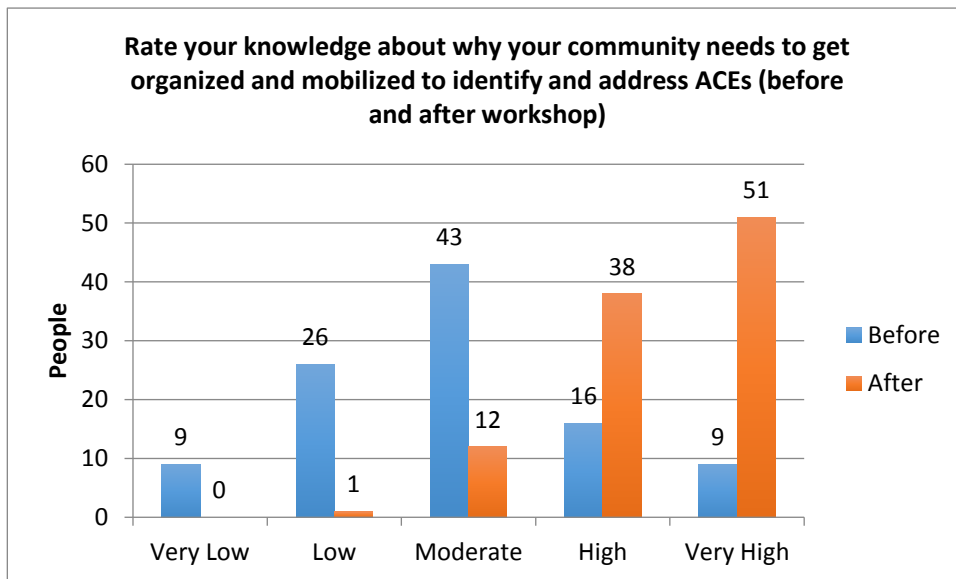


Table 7. Rate of knowledge before and after the workshop.

Appendix F

How Mindfulness and Storytelling Help Kids Heal and Learn

[ELIZABETH NAJMABADI](#) 12/13/16 10:26 AM

Here is a wonderful article that I read by Juli Fraga that shares how REACH Academy in Oakland, California turned to mindfulness and storytelling to help kids heal from trauma. Research has shown that traumatic experiences can affect brain development and impact a child's ability to relax and concentrate. Therefore affecting their ability to learn. REACH Academy noticed that their students needed tools to help regulate emotion. It took time for the students to adopt this new life skill, but once they began practicing mindfulness a shift among the students was observed. I applaud REACH Academy for observing and making positive change to help their students reach their full potential.

[Click here](#) to read the full article and watch the short video clip!

<https://ww2.kqed.org/mindshift...kids-heal-and-learn/>



[ELIZABETH NAJMABADI](#) 12/15/16 9:19 AM

Dana Brown posted:

Thank you Elizabeth for sharing this insightful post on REACH Academy! Please know I'm embedding the video clip with our youth leadership curriculum and will be purchasing the book to share with the elementary, middle and high school students severed respectively.

Empowering children and youth with mindfulness skills is the epitome of their power to help themselves and build capacities on their self agency and efficacy.

I am so happy to hear that you are passing this information on!

Appendix G

Final Learning Objectives



**Supervised Field Training in Public Health
Student Learning Contract – Attachment 1**

Goal 1: Develop research skills and create a repository of ACE’s and resilience resources.			
Objectives (S)	Activities	Start/End Date	Who is Responsible
ACE’s Connection site content, blogs and forums	Post any new research around ACEs that I find	Daily/Weekly	Elizabeth
	Share any upcoming events around ACEs and Trauma		
	Post articles that I find related to ACEs and Resiliency		
ACE’s Timeline	Gather information to create a timeline of ACEs in action in Sonoma county since the beginning		
Goal 2: Coordinate and facilitate capacity building.			
Objectives (S)	Activities	Start/End Date	Who is Responsible
Facilitate MARC webinars, sign in sheets, agenda, meeting setup and breakdown	Print sign in sheets	Monthly	Elizabeth
	Reserve the room monthly		
	Post all MARC webinar events on ACEs Connection		
	Invite ACEs Connection members via outlook calendar		
	Set up computer and call in to MARC webinar		
	Print agendas for meeting		
ACEs Connection meetings	Print sign in sheets	Monthly	Elizabeth
	Post all ACEs Connection meetings on ACEs Connection		
	Invite ACEs Connection members via outlook calendar		
	Create agendas if needed and print		

Goal 3: Facilitate community engagement.			
Objectives (S)	Activities	Start/End Date	Who is Responsible
ACEs and resilience Fellowship Program Community of Practice Sessions.	Eventbrite edits/ registration: <input type="checkbox"/> Titles <input type="checkbox"/> Bio and photos for speakers <input type="checkbox"/> Learning objectives <input type="checkbox"/> Agenda <input type="checkbox"/> CEU edit <input type="checkbox"/> Register Master Trainers (add attendee) <input type="checkbox"/> Send invite to others <input type="checkbox"/> Export registration as a sign in sheet for event	Weekly Speaker Series event date: Nov 29th, 2016 Master trainer practice session Jan 31 st , 2017 Master trainer practice session Feb 28 th , 2017 Culture, compassion, competence and humility March 21 st , 2017 Resilience April 13 th , 2017	Elizabeth
	CEU Request send to Kristina and Grace: <input type="checkbox"/> Resume's for master trainers and Speakers <input type="checkbox"/> Learning Objectives <input type="checkbox"/> Agenda <input type="checkbox"/> Evaluation	Presenter training April 25 th , 2017 ACEs and Immigration May 30 th , 2017 Brain Science and Epigenetics June 27 th , 2017	
	Prep for Community of Practice Sessions: <input type="checkbox"/> Sign in sheets exported from Eventbrite <input type="checkbox"/> Agenda edit with speakers name <input type="checkbox"/> ACE directional signs	Trauma Informed organizations July 25 th , 2017 Building community capacity to address ACEs	
	ACEs Connection Calendar: <input type="checkbox"/> Update Community of practice sessions with agenda and learning objectives as they come.		
	Presenter Training 4/13: <input type="checkbox"/> Put together Binders for presenter trainees		

Goal 4: Help with the evaluation of ACEs and Resilience Fellowship			
Objectives (S)	Activities	Start/End Date	Who is Responsible
Data Entry for ACE's and Resilience Fellowship pre-surveys as well as Master Trainers Presentation Audience surveys	Create Google form for pre-surveys	Weekly	Elizabeth
	Enter data for pre-surveys		
	Create Google form for Master Trainers Presentation Audience		
	Enter data for Master Trainers Presentation Audience surveys		
	Scan in all forms and upload to Google drive		
	Send excel sheets of responses to analyst and to Google Drive		

Appendix H



SAN FRANCISCO

School of Nursing and
Health Professions

**Master of Public
Health Program
FIELDWORK TIME
LOG**

Student's Name: Elizabeth Najmabadi	Campus ID # 20365564
Student's Phone: 707-236-0926	Student's Email: esnajmabadi@usfca.edu
Preceptor	
Preceptor's Name: Selena Polston	Preceptor's Title: Health Program Manager
Preceptor's Phone: 707-565-4488	Preceptor's Email: selena.polston@sonoma-county.org
Organization: Sonoma County Department of Health Services	
Student's Start Date: Sept 26, 2017	Student's End Date: Hours/week: April 24 th , 2017

Time Log for (Check One):

 X Spring 2017 X Fall 2017

Selena Polston

Week	Total # of Hours for Week	Preceptor Initials
September 26 th , 2016	2	SP
October 3 rd , 2016	13	SP
October 10 th , 2016	15	SP
November 14 th , 2016	14	SP
November 21 st , 2016	8	SP
November 28 th , 2016	9	SP
December 5 th , 2016	7.5	SP
December 12 th , 2016	3.5	SP
January 2 nd , 2017	11	SP
January 9 th , 2017	10	SP

January 16 th , 2017	1	
January 23 rd , 2017	15.5	
January 30 th , 2017	12	
February 6 th , 2017	10	
February 13 th , 2017	10	
February 20 th , 2017	7.5	
February 27 th , 2017	12	
March 6 th , 2017	24	
March 13 th , 2017	21	
March 20 th , 2017	21	
March 27 th , 2017	8	
April 3 rd , 2017	17	
April 10 th , 2017	24	
April 17 th , 2017	23	
April 24 th , 2017	1	

Appendix I

Student Evaluation of Field Experience

Student	
Student's Name: Elizabeth Najmabadi	Campus ID # 20365564
Student's Phone: 707-236-0926	Student's Email: esnajmabadi@usfca.edu
Preceptor	
Preceptor's Name: Selena Polston	Preceptor's Title: Health Program Manager
Preceptor's Phone: 707-565-4488	Preceptor's Email: selena.polston@sonoma-
Organization: Sonoma County Department of Health Services	
Student's Start Date: Sept 29, 2017	Student's End Date: Hours/week: April 24th,

1. Use the following key to respond to the statements listed below.

SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N/A =					
My Field Experience...					
Contributed to the development of my specific career interests	SA	A	D	SD	N/A
Provided me with the opportunity to carry out my field learning objective activities	SA	A	D	SD	N/A
Provided the opportunity to use skills obtained in MPH classes	SA	A	D	SD	N/A
Required skills I did not have Please list: I felt very comfortable in the work I was assigned. I did learn how to write a blog, and create events on Eventbrite, as well as learned how to use Google forms for data entry.	SA	A	D	SD	N/A

Required skills I have but did not gain in the MPH program Please list: I think I have utilized many of the skills that I used in my program throughout the start of my professional career and also skills like time management, organization and responsiveness were three skills I think I brought to the table.	SA	A	D	SD	N/A
Added new information and/or skills to my graduate education Please list: I learned about adverse childhood experiences, resiliency, epidemiology, neurobiology, historical trauma, how to leverage community stakeholders. I also became more comfortable with public speaking and strengthened my ability to	SA	A	D	SD	N/A
Challenged me to work at my highest level	SA	A	D	SD	N/A
Served as a valuable learning experience in public health practice	SA	A	D	SD	N/A
I would recommend this agency to others for future field experiences.	Yes			NO	
My preceptor...					
Was valuable in enabling me to achieve my field learning objectives	SA	A	D	SD	N/A
Was accessible to me	SA	A	D	SD	N/A
Initiated communication relevant to my special assignment that he/she considered of interest to me	SA	A	D	SD	N/A
Initiated communication with me relevant to general functions of the agency	SA	A	D	SD	N/A

2. Would you recommend this preceptor for future field experiences? Please explain.

Yes No Unsure

When I first started this project my fieldwork advisor was Yvonne who was an amazing preceptor. When Yvonne left the county during the first month of my fieldwork I had her supervisor Selena take over being my preceptor. Selena was not as involved in the ACEs work so there was kind of a disconnect but, she was definitely supportive of all the work I was doing and was a great resource. Throughout my fieldwork I worked along side who I called my mentor Holly White Wolfe she was an amazing mentor. She always made me feel very valued and apart of a team. She was always looking out for ways in which she could help me boost my career goals. I also had the pleasure of working with Karyna Mayora-Linzer who started working on ACEs during my fieldwork. I worked with her to coordinate many of the reports and she was also very helpful in introducing me to others and spent time with me revising my resume for future county job. Overall this was a great experience and I think that any of these three women would be so gracious to have another USF Intern.

3. Please provide additional comments explaining any of your responses.

This was an amazing experience. I think it is very important that we are given this opportunity to go out in the field that we potentially wish to work and really dive in to the work. I felt that this opportunity opened the doors to a large web of networking. I learned the importance of ACEs Science. I also felt that this project really encapsulated all that we learned throughout this program and really made it feel like I was ready to embark on my next step in my professional career.

4. Summary Report: All students are required to prepare a written summary of the fieldwork to be submitted with this evaluation form.

Elizabeth Najmabadi

5-9-2017

Student Signature

Date

Appendix J

MPH Program Competency Inventory

Appendix A. Competency matrix explaining which program competencies were satisfied and how each was achieved.	
Competency:	Method of Achievement:
1. Apply epidemiological methods to the breadth of settings and situations in public health practice.	I contributed to the creation of surveys that used both quantitative and qualitative questions to determine the impact of our fellowship and the presentations our master trainers are presenting. I also have taken the lead in entering the pre-surveys and presentation surveys for the Adverse Childhood Experiences and Resiliency Fellowship. This data is used to measure pre and post knowledge about Adverse Childhood experiences, as well as, how well the presenters presented on the material. I utilized Google forms and created a survey that would produce a report that we could give to our speakers. This is important information that our speakers can use to improve their presentations to maximize awareness around Adverse Childhood Experiences.
7. Assess population needs, assets and capacities that affect communities' health	This project assessed the need for trauma-informed care and an awareness of adverse childhood experiences in Sonoma County. By working with Health Services, Human Services, First 5 of California, California Parent Institute, Hanna Institute, the Sonoma County Office of education, psychologists, health practitioners, social workers and community members, collaboratively we are working to address the high rates of ACEs in our community. We are also looking at key stakeholders that are not yet at the table. The ACEs and Resiliency Fellowship was developed to serve as an educational tool to raise awareness about Adverse Childhood Experiences and resiliency. Using the ACE Interface curriculum will provide support in providing accurate research that is designed to address diverse populations. Also there are extra slides that can be used to address certain populations for example the Native American population. The Community of Practice Sessions will help each participant to continuously improve their knowledge and ability to share

	ACEs science with fidelity, as well as to realize important core values in the work.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.	The ACEs Connection group has diverse representation from multiple community partners and non-profit agencies, which I collaborate with in order to successfully, facilitate grant and Fellowship activities. Also I manage our social media presence, which is a global networking site. This site provides a safe place to share resources, frameworks and help work together to create resilient families, systems and communities.
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	I managed the Coalition's social media presence, which requires a strong understanding of the collective values that all the partners in the collaboration share in order to accurately and thoughtfully represent them. I created a timeline for the county health department that demonstrated Sonoma County ACEs Connection in action. I am also on the coordination committee for the ACEs and Resiliency Fellowship. Which is a great way to begin measuring the strength of the greater ACEs network within Sonoma County. Also to provide our community members and health care providers with the materials, resources, and skills they need to raise awareness around ACEs research and advocate for building resilient communities.
21. Perform effectively on interprofessional teams	Throughout this project, I worked with staff at Health Services, Human Services, First 5 of California, California Parent Institute, psychologists, practitioners, social workers and community members. I was able to communicate professionally with all parties and was able to effectively meet the needs of my project while helping the agencies achieve their goals.