Prevent Adverse Childhood Experiences: Data to Action (PACE D2A) Project

Capacity Assessment Findings

July 2021

About the PACE Project

The Michigan Public Health Institute (MPHI) was awarded funding from the Centers for Disease Control and Prevention (CDC) to build state capacity to **Prevent Adverse Childhood Experiences (PACE)**. MPHI is one of four PACE grantees, including: The Georgia Department of Public Health, The Connecticut Office of Early Childhood, and The Commonwealth of Massachusetts Department of Public Health.

PACE grantees are required to use funding to build a state-level surveillance infrastructure that ensures the capacity to collect, analyze, and use Adverse Childhood Experiences (ACE) data. These will be used to inform statewide ACE prevention activities, and support the implementation of data-driven, comprehensive, evidence-based ACE primary prevention strategies in alignment with Michigan's Statewide Action Plan. The award is for over $1.5 million dollars over a 3-year funding period. One of the required activities to occur within year one of the funding cycle was an ACEs Capacity Assessment.

Capacity Assessment Goals

There were 3 main goals of the capacity assessment. The capacity assessment was designed to:

- Assess current state capacity to monitor ACE outcomes and indicators and develop recommendations for improving capacity

- Assess current ACE prevention strategies implemented withing the state and identify gaps in meeting the needs of populations at high risk of experiencing ACEs

- Guide recommendations to build or enhance a state surveillance system to monitor ACEs and increase alignment of state prevention strategies
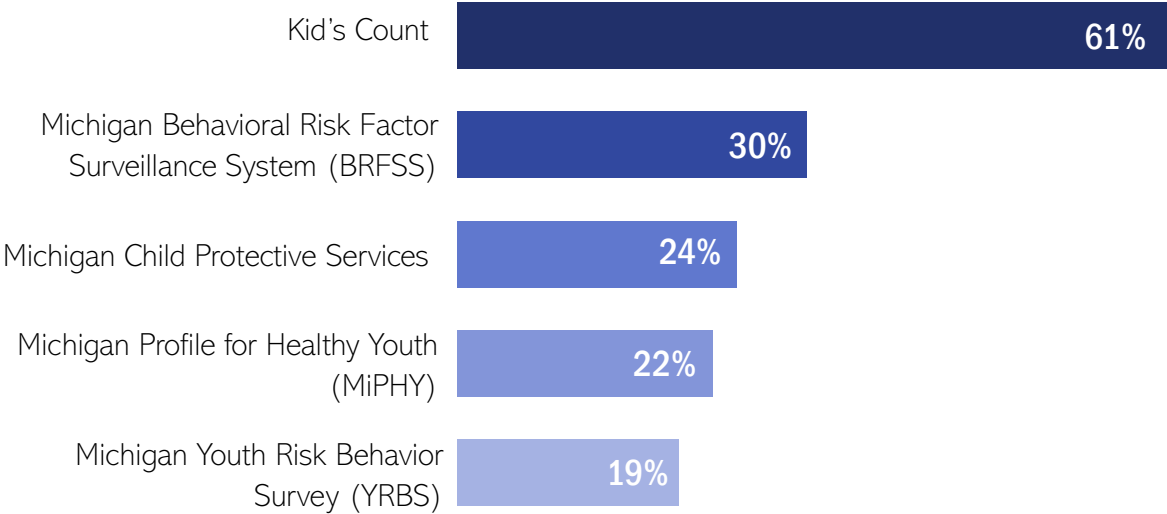
Capacity Assessment Methodology

To meet the goals of the capacity assessment, a stepwise data collection process took place from November 2020 through May 2021. The capacity assessment included key stakeholder interviews, a statewide survey, and compiling a Michigan ACE prevention program inventory.

MPHI staff facilitated 11 virtual interviews, which included questions about the current capacity for implementing the CDC's ACE Prevention Framework. Interviewees were selected by the PACE leadership committee, and participants included key leaders of ACE prevention in Michigan (from various sectors). Upon completion of the interviews, the findings were used to develop a short statewide survey that was distributed through the leadership committee and their listservs.

There were a total of 54 survey responses received and analyzed. Analysis of the interview transcripts and survey responses elevated 190 organizations, programs, and initiatives that were focused on ACE prevention to populate the program inventory. MPHI staff used NVivo 19 and Microsoft Excel for qualitative and quantitative data analysis and theming. **Overall findings related to the capacity assessment are detailed below.**

Findings: Data and Surveillance

Respondents were asked about what sources they used to access information about ACEs*. This graph shows the top 5 sources used and the percentage of respondents that use each one (n=54): *Check all that apply*

Source	Percentage
Kid's Count	61%
Michigan Behavioral Risk Factor Surveillance System (BRFSS)	30%
Michigan Child Protective Services	24%
Michigan Profile for Healthy Youth (MiPHY)	22%
Michigan Youth Risk Behavior Survey (YRBS)	19%

When asked how Michigan can improve access and use of data to prevent ACEs in Michigan, respondents said:

Include more local-level data, ACE-specific data, data that is more inclusive of a variety of sub-populations

Improve access to data and data sources,. Currently, data access is siloed with only a select few who can get the data.

Make data available sooner; there are often gaps between available data and the most current data

Offer more ways to filter data (by geographic location, race, age, etc).

Create a better user experience while navigating data, and include improved summaries and reports

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Opportunities: **Respondents identified additional data that would be helpful for ACE prevention work in Michigan**	Respondents want local level and community data that includes. . . - ACE prevalence - Effectiveness/impact of ACE prevention strategies - Risk factors & protective factors for ACEs - Screening and identification of ACEs - Long term impact of ACEs on individuals and communities

Findings: ACE Education & Awareness

Respondents were asked whether they were aware of local organizations or efforts working to prevent ACEs
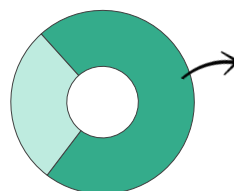
72% of respondents said "yes" (n=54)

Ideas for how ACE data can be used to strengthen Michigan's ACE Training and Education

Respondents reported that ACE data could be better used to enhance education across sectors. This includes sharing the short- and long-term impacts of ACEs, as well as why we need to address ACEs to improve the overall health of individual and communities.

Improvements needed to enhance training and public education efforts

Respondents also reported that while education and awareness about ACEs across human services settings is increasing, there still needs to be more community awareness and involvement (especially for those who work with children). A greater focus could be placed on media campaigns and general community awareness on what ACEs are and their impact.

Michigan's Strengths: ACE Training and Education

ACE Master Training Program

Ample educational resources and training opportunities

Findings: ACE Prevention Programs

Strengths of Michigan's ACE Prevention Efforts

Education and awareness among public health professionals

Collaboration on ACE-related initiatives

Dedicating resources to ACEs work

Ideas for how ACE data can be used to strengthen Michigan's ACE Prevention Strategies

Respondents stated that ACE data can be used to create new programs or expand existing programs to include populations who are most at risk of experiencing ACEs, and to allocate resources and funding for these initiatives.

Top 3 sectors respondents rated as the <u>most involved</u> in preventing ACEs in Michigan

- Social Services
- Education
- Public Health

Top 3 sectors respondents rated as <u>needing to be more involved</u> in preventing ACEs in Michigan
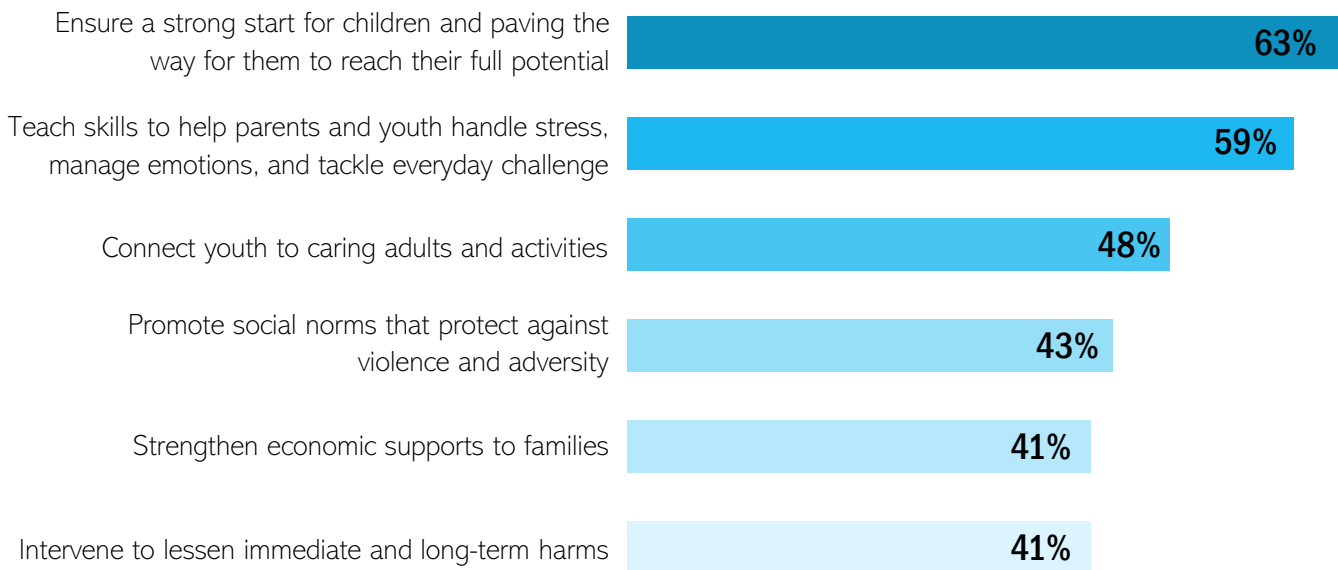
- Business
- Justice
- Media

The following chart shows the percentage of respondents that have seen each of the following ACE prevention strategies in their communities* (n=54): *Check all that apply

| Strategy	Percentage
Ensure a strong start for children and paving the way for them to reach their full potential	63%
Teach skills to help parents and youth handle stress, manage emotions, and tackle everyday challenge	59%
Connect youth to caring adults and activities	48%
Promote social norms that protect against violence and adversity	43%
Strengthen economic supports to families	41%
Intervene to lessen immediate and long-term harms	41%

Policies or supports that would be needed to utilize data to inform decision making on ACE prevention strategies

Respondents said community and state-level policies are needed to best utilize data for decision making. Policy topics of interest included ways to streamline efforts, how to allocate funding and resources, improve data quality, and move from reactive ACE programs and efforts to proactive.

Findings: Program Inventory

Counties with programs addressing ACEs

Findings from the capacity assessment found over 100 organizations across the state of Michigan with 90 programs directly or indirectly addressing ACEs. This visual shows the counties serviced by these agencies and programs* (highlighted in red).
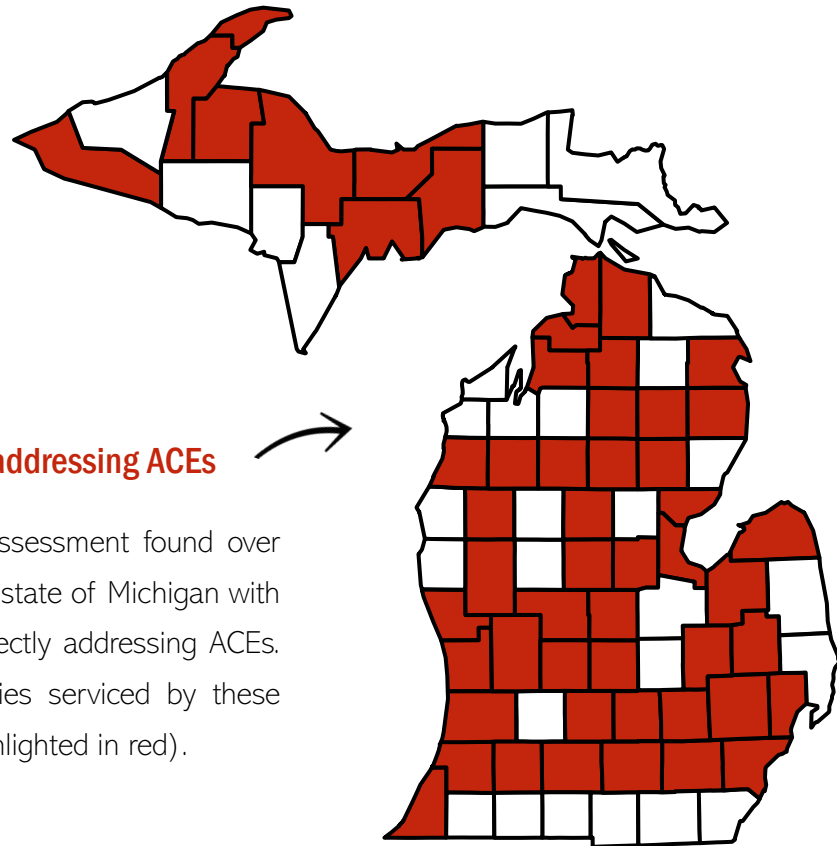
*This map represents organizations and programs identified through the capacity assessment and is NOT an exhaustive list of counties served.

Conclusion

Findings from the capacity assessment will be used to inform and guide the future years of Michigan's implementation of PACE D2A grant activities. Additionally, these results will provide support as the data dashboard is developed to display current data around ACE prevention and outcomes. The feedback elevated will identify what information is critical to those organizations and leader working in ACE prevention that would be most useful for future efforts and programming. As Michigan continues to grow in capacity for ACE prevention the findings from the assessment will be used as the state action plan on ACE prevention is updated in coming years. For reference the current Michigan State Plan is located here:

https://www.mphi.org/wp-content/uploads/2020/11/Michigan-ACEs-State-Action-Plan.pdf.