

# InFOCUS

Natalya Verbitsky-Savitz

## Adverse Childhood Experiences: Building Community Capacity and Resilience for Prevention and Mitigation

**National leaders in health care, public health, and child development have identified adverse childhood experiences—or ACEs—as “the single greatest unaddressed public health threat facing our nation today.”** Exposure to ACEs can have lasting negative effects on health and well-being. Toxic stress, which can occur when a child is exposed to a high number of ACEs, can disrupt neurodevelopment. This can impair decision making, reduce impulse control, and diminish resistance to disease. It can increase adoption of risky behaviors and contribute to early onset of disease, disability, and death. ACEs are common in the general population, with one in four adults reporting that they have experienced three or more ACEs. And they are more common among children living in nonparental care and those who have had contact with the child welfare system.

Conducted by Mathematica and Community Science, this mixed-method evaluation examined five community-based initiatives in Washington State intended to prevent child maltreatment and exposure to toxic stress, mitigate their effects, and improve child and youth development outcomes. The participating local community networks were:

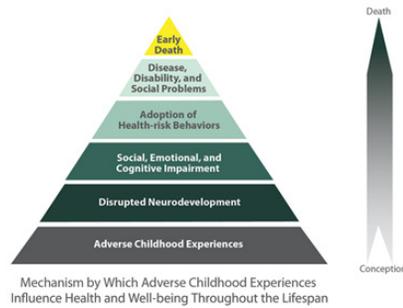
- Coalition for Children and Families of North Central Washington
- Skagit County Child and Family Consortium
- Okanogan County Community Coalition
- Walla Walla County Community Network/Children’s Resilience Initiative
- Whatcom Family & Community Network

### What Are Adverse Childhood Experiences or ACEs?



Findings are based on analyses of existing administrative and survey data using descriptive and quasi-experimental methods (such as pre-post, difference-in-difference, and interrupted time series methods) as well as analyses of study-administered ACEs and Resilience Collective Community Capacity (ARC<sup>3</sup>) survey of networks' members and partners.

## Adverse Childhood Experiences Pyramid



**Source:** Centers for Disease Control and Prevention. Available at <https://www.cdc.gov/violenceprevention/acestudy/about.html>. Accessed on June 14, 2016.

### KEY FINDINGS

- **Positive and statistically significant changes** occurred in the areas of (1) building awareness of ACEs, (2) family support, (3) risk behavior reduction and healthy youth development, (4) school climate and student success, and (5) community development.
- **Development of community capacity varied.** It was highest in the areas of (1) cross-sector partnerships, (2) evidence-based problem solving, (3) shared goals, (4) effective communication with partners, and (5) focusing on equity. The networks had moderate capacity in (1) developing sustainable infrastructure; (2) engaging and mobilizing residents; (3) implementing trauma-informed programs, policies, and practices; and (4) increasing capacity to use data. All networks struggled to achieve communitywide change.
- **Multiple models of success.** There may not exist one “best” community capacity building model. The networks that were more successful in addressing ACEs and building resilience aligned three factors: (1) collective community capacity, (2) community network structure, and (3) effective community change strategies.

- **All networks face sustainability challenges.** All networks had to independently find resources and support coalition infrastructure needed to sustain their work. Their staffs and budgets are small, and their grant-based funding is time-limited. The sustainability of these efforts depends on their ability to secure resources and implement a successful coalition leadership succession plan.

### ABOUT THE STUDY

The study had two phases. During the first phase (2013–2014), the research team assessed operational contexts, strategies used to increase community capacity to prevent ACEs, and impact at the county level. In the second phase (2015–2016), the researchers examined the extent to which sites developed capacity to achieve their goals, and the relationship of select sites’ efforts to outcomes at the local level. The study was funded by the ACEs Public-Private Initiative (APPI), a Washington State consortium of private organizations, public agencies, and community organizations working to reduce children’s exposure to trauma and the substantial social, emotional, and physical tolls that may result.

**This brief is based on the full report: “Preventing and Mitigating the Effects of ACEs by Building Community Capacity and Resilience: APPI Cross-Site Evaluation Findings,”** by N. Verbitsky-Savitz, M. B. Hargreaves, S. Penoyer, N. Morales, B. Coffee-Borden, and E. Whitesell. Washington, DC: Mathematica Policy Research. 2016.

#### Additional documents include:

“Advancing the Measurement of Collective Community Capacity to Address Adverse Childhood Experiences and Resilience,” by M. B. Hargreaves, N. Verbitsky-Savitz, B. Coffee-Borden, L. Perreras, P. J. Pecora, C. Roller White, G. B. Morgan, T. Barila, A. Ervin, L. Case, R. Hunter, and K. Adams. Gaithersburg, MD: Community Science. 2016.

“APPI Cross-Site Evaluation: Interim Report,” by M. B. Hargreaves, N. Verbitsky-Savitz, S. Penoyer, M. Vine, L. Ruttner, A. Davidoff-Gore. Cambridge, MA: Mathematica Policy Research. 2015.

You can access the reports at [www.mathematica-mpr.com](http://www.mathematica-mpr.com), keyword “appi.”

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