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A Grassroots Framework to Address Adverse Childhood Experiences at the Community Level

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- [Amy] And at this time it is a pleasure to introduce our guest editor for this week's virtual conference, Doctor Trisha Self. She is an associate professor and a Paul M. Cassat Distinguished Chair in Communication Sciences and Disorders department at Wichita State University in Wichita, Kansas. She teaches courses, supervises, and conducts research in ASD. She is a board-certified Child Language Specialist with over 30 years of experience working with children, demonstrating complex communication needs, including ASD. She is the coordinator of the Autism Disciplinary Diagnostic and Treatment Team Lab at WSU. So, welcome back, Trisha. Thank you so much for joining us.

- [Trisha] Thank you, Amy. As Amy mentioned, this continuing education event is in partnership with the American Board of Child Language and Language Disorders, also known as ABCLLD. I'm on the Board of ABCLLD and I just want to mention to today's attendees that if you think you have advanced knowledge, skills and leadership in Child Language and are interested in becoming a Certified Child Language Specialist, you'll find resources at our website that describes that process. The web address is www.childlanguagespecialist.org. Those of us who are specialists have found many benefits to being certified as an expert in Child Language, one being that we're all dedicated to ensuring that children receive high quality services so I invite you to consider becoming a specialist. I'd like to thank all of you for joining us today. This is the final day of a five-day series which is focused on the topic of Adverse Childhood Experiences: The Effect of Childhood Trauma in Communication. If you've joined us the last four days, you now it's been a great week of presentations. On Monday Doctor discussed adverse childhood experiences and their effect on the brain, behavior, and clinical practice. On Tuesday Doctor Greg presented the effects of trauma on communication in forced migrant minors. Wednesday Doctor Westby provided us with many resources to support caregivers and children who experience trauma and

yesterday Doctor presented information on the effects of trauma on young children and their impact on the development of communication. Today Doctor Megan Dunn Davison will present a Grassroots Framework to Address Adverse Childhood Experiences at the Community Level, and now it's my pleasure to introduce our speaker. Doctor Megan Dunn Davison is the Director of Continuous Improvement for the United Way of Central New Mexico and a Research Associate Professor for the Cradle to Career Policy Institute at the University of New Mexico. Doctor Dunn Davison received a B.A. in Communication Disorders from Truman State University where she was a Ronald E. McNair Scholar. She attended Purdue University for her graduate work, and The Pennsylvania State University for her doctorate in Communication Sciences and Disorders. She is a certified and licensed speech-language pathologist. Doctor Dunn Davison's research focuses on family and child development and community-based program evaluation. Welcome, Doctor Davison, and we're looking forward to your presentation today.

- [Megan] Thank you so much. I'm really excited to talk a little bit about some of the community work that we have been doing in New Mexico around adverse childhood experiences. So just a few disclosures. I am an employee of United Way of Central New Mexico. I also am a Research Associate Professor at the University of New Mexico at the Cradle to Career Policy Institute in which I am the primary investigator on a grant and I'm also involved in a lot of our local city and county cabinets and a member of the ABC Community Partnership School Board and I still do a little bit of journal editing in my free time. So the learning objectives today are for all attendees to be able to identify sources of data related to the measurement of adverse childhood experiences. You should also be able to define the Ready framework, which is the framework that we are using in our community model, as well as collective impact, and then also be able to identify social capital in community partners and leaders. I hope that the example that I give you today sort of inspire you to sort of think about your own social capital in community partners and leaders in all of your communities. So

who are we? So United Way of Central New Mexico is a nonprofit organization that covers four counties in central New Mexico. So the counties include: Bernalillo, Sandoval, Torrance and Valencia, and it's roughly, I would say a little over a million people in that sort of four-county area with Albuquerque being the main central urban area. So United Way historically is sort of known as sort of a way for people to give concentrated giving. So there are donor groups and organizations where they help individuals who want to give to philanthropy, sort of give in a very strategic way. In 2010 the United Way of Central New Mexico began to build what we call this sort of Impact Agenda where they wanted to have more concentration or targeted effort in our four-county area. So this is sort of the Board of Directors' statement based on that initial interest in 2010. So families in Central New Mexico have the resources to care for and support their children so they can succeed in education and life. So we're governed by a Board of Directors and this is the statement that they came up with when they decided that United Way of Central New Mexico is going to have this Impact Agenda.

So this Impact Agenda includes sort of two missions: one called Mission Families, which I'm going to talk of mostly about today, and then a second mission called Mission Graduate. So with Mission Families, they have a goal of reducing adverse childhood experiences in children in our four-county area by 50% by the year 2030, and this is with the idea that we'll be supporting family stability, safety and well-being, and then sort of bridging into Mission Graduate. That is a goal of increasing the number of high school students who graduate high school, and then also increasing those high school graduates in attaining some sort of secondary degree or certificate. So with this Impact Agenda, they really wanted to focus: this is what's happening in our neighborhood, this is what's happening in our community, this is a way for us to engage with community leaders and community partners in saying, yes, we're a philanthropic organization, but we really care about what's going on in our backyards. So this is sort of how this Impact Agenda came to be. So with that, each of the

missions, both Mission Families and Mission Graduate, have a Vision Council which are made up of really high-level leaders in our area. So this is the Vision Council for Mission Families and the role of the Vision Council is to really provide feedback and direction in the programs and the funding and the grants that we wanna support through United Way. So even though they don't have sort of a voting place within our larger Board of Directors, this Vision Council is really driving the work that United Way is supporting. So I wanted to share this with all of you because when we think about sort of social capital and who those community partners are, we certainly have a really diverse group of individuals who are providing input. So we have business leaders. We have city and county government officials.

The two co-chairs, Raul Torrez is our district attorney who really was the driving person behind of sort of talking about ACEs in our community for the first time and largely because he has personal experience of working with young offenders and he felt that we were, as a community, we were really missing the mark in how we can support these young people sort of before they get into that incarcerated level or where he was interacting with them. Helen Wertheim, our other co-chair, was in the private sector, private insurance, but she's also very involved with our health care system with our Presbyterian health services. So again the idea is that when you sort of start building this community momentum, you have to really be cognizant of who you're inviting to the table, and again for our Vision Council a lot of this were these high-level leaders. I will talk at the very end about sort of the good and sometimes the not so good about having such high-level leaders at the table. So this is our organization chart for our Impact Agenda.

The reason why I wanted to share this with you all is just so that you can sort of see that we have a fairly large team of people who are sort of working on this. I think something that is really unique about our United Way here in New Mexico is that there is a lot of support for community research, and so it's not often that a United Way

supports someone with my background and with a team of people that I really oversee and manage in sort of getting some of the data that we find so important in informing both policy change but also informing us on what programs are doing and what programs are doing well. So within my role as Director of Continuous Improvement, I wear two hats, they say. One is definitely collecting data at the county level. So we track a number of things within both of our missions. So we use that data for the four county to compare to how we're doing as a state, but then also what we're sort of seeing in national trends. This is sort of the typical education outcomes: so our third grade reading scores for the four-county area, our high school graduation rates, our post secondary college enrollment and completion rates, and then also our employment rates, and then with the Mission Families side, we're just now starting to collect some of that data to sort of see what that looks like as well. And then the second hat that I sort of wear is program evaluation.

So with program evaluation United Way requires that all of the community grantees, so any money that we grant to other nonprofits, we wanna make sure that what they're services are sort of getting a positive result. So we do program evaluation to look at how effective their service provision is, if the clients or clientele are making gains. Sort of the interesting thing from that perspective is that we sort of done studies from everything from homeless shelters to pet services, to a child's grief center, to adult literacy, and so I never get bored and the fact that we do program evaluation for any nonprofit in the four-county area that wants sorta to get a deeper dive into what they're doing. So I now wanna share with you a little bit about using national as well as local data to sort of define that community result. So the first great source as it relates specifically to adverse childhood experiences is the National Survey of Children's Health. So this was sponsored by the U.S. Department of Health and Human Services and it was previously conducted by the Center for Disease Control and Prevention, the CDC. In 2017, the U.S. Census Bureau conducted the survey, and so it's given as a part of the census data every two years. So it allows for sort of state level samples so

that they can sort of produce an approximate equal number of completed questionnaires in each state. So only one child per household is selected to be the subject of the survey and again it was given as part of the census data, so it was given every two years. Starting in 2016, the National Survey of Children's Health is actually given annually so we're able to get a one to two-year data lag in this data, but it is now given annually. So for us, so obviously with the National Survey of Children's Health, there are a number of measures on physical and mental health, that child's ability to access health care. There's also questions about the school, their neighborhood, other social context measures, but we were able to sort of pull from that measures specifically related to adverse childhood experiences.

So it does ask: Has your child ever experienced or witnessed physical violence? Has your child ever experienced or witnessed emotional abuse? So they ask very pointed questions among those, and then last year they added another question. So this comes up to 10 questions where they ask: How often is your or has your child ever been treated or judged unfairly because of his or her race or ethnicity? So, again, we can sort of gather this information yearly. I think the strength of this measure is that it's a really comprehensive set of ACEs questions. The fact that it is conducted yearly, it really helps us sorta determine whether there is change over time. This is publicly available, a data set.

So anyone who wants to download Excel files and have a look at it, you are able to do that. I think that it's just a really powerful data set given that it's across the U.S., every state has it, so that you can do some sort of interesting statistical analysis with that. I will say that's sort of the weakness of this measure is that it's only at the state level and so it only gives you sort of population estimate. So there's not an ability for us to sort of go into that data set and say, well, this is what our state looks like, but here's what our four-county area looks like. We can only estimate what that looks like because it's really meant to be a state-based population sample. So this is actually the latest year's

results for the state of New Mexico. So we decided that we wanted to look at the percent of children under the age of 17 who have experienced three or more ACEs. So research has sort of said that that cut off of three or more is really important for the general population. If you're interested in sort of a clinical subpopulation, you can look at four or more ACEs. So for us we just wanted to kinda get a sense of how many children have experienced three or more ACEs from those 10 question. What we found is, here we are, the state of New Mexico at 17% compared to the U.S. average which was at 10%, a pretty sobering statistic there. Just for you guys to know, Maryland Massachusetts and Minnesota had the lowest rates of children who experienced adverse childhood experiences.

Arizona, Arkansas, Montana, New Mexico, and Ohio has as many as one in seven children who have experienced three or more ACEs and we saw from the national data that African-American children were disproportionately at risk for experiencing three or more ACEs. The second sort of data set that I wanted to share with you is the Youth Risk and Resiliency Survey. So this was developed by the CDC as part of their Healthy People objective. So what they really wanted to do was to assess risk behaviors, as well as some protective factors of both middle and high school students to determine the prevalence of certain health behaviors and then to sort of be able to assess whether those health behaviors increased, decreased, or stayed the same over the time, what the current co-occurrence of those health behaviors, and again this is a really nice data set because it includes all public and private schools in the United States.

For us in New Mexico, because we have a large Native Indian American population, we are also able to do this with our Board of Indian Education and our tribal schools as well so it is a really nice comprehensive data set. Most, again, because of the purpose between the Healthy People objectives for the CDC, it's really about sort of those risky health behaviors, such as smoking and drinking, but over the time, they've really added

some nice questions for us to sort of look at. So I just wanted to share a little bit with you, the data on our four-county area, and again this is a publicly available data that you can get. Depending on your state, it's either going to be published through the CDC or through your local Department of Health. So here in New Mexico, our Department of Health administers this for the CDC. Typically, it's given every year. It's given in the spring semester to every high school student, and then there's a sub select year in New Mexico in middle school to get this. So as it sort of relates to adverse childhood experiences, we kinda wanna just look at housing instability. So it asked the question about housing stability.

So what we found in our four-county area that 7% of high school youths reported living in unstable housing, and then you sort of see the breakdown of those who reported living in unstable housing is this huge range, mostly staying with a friend or a relative, but still really a large range of where our youth are spending their time. If we look at sort of their experience with physical violence, you can see that the questions were changed a little bit from its inception in 2011 to the most current time point. So it's a relatively stable trendline. About 30% of our youth are reporting being a part of some sort of physical violence, mostly in a physical fight, but second up there is carrying a weapon. So again we're sort of thinking about what's the health of our four-county area, this is really important information to understand. With mental health, again, relatively stable trendlines. We see lower rates of suicide compared to the national average, but we are seeing that this youth population is reporting feeling sad or hopeless, 36%, and that's just sort of going up in 2011.

So we know that that is a really important risk factor when we're thinking about mental health, that simply just feeling sad or hopeless is something that we really need to be aware of what our youth population is experiencing. When we look at substance abuse, again we have relatively low rates being reported for things like cocaine and methamphetamines. Heroin is fairly low and has remained low within this population,

but what we are seeing is that lifetime prescription drug use without prescription is really at that 20, 21% in 2011, 17% in 2017. What research has shown us is that using prescription drugs without a prescription is often sort of that gateway into some of the more serious drug uses. So as a team we sort of gathered this information, the ACEs measures at the state level, some of our Youth Risk and Resiliency measures and brought it back to our Vision Council and we sort of said, in setting a goal for our mission, we really wanted to challenge our community to do better find than a nation as a whole. So this data really drove our community leaders to say, "17% is too high. "We wanna be better, not only for our community, "but we wanna be better "in comparison to the state as a whole "or the nation as a whole."

So we created an initial focus area based on agency interviews. So we went to some of our partners, some other nonprofits who work with families and we sort of said, what do you think that our initial focus area should be? So we sort of came up with these three buckets, and you saw that in our Impact Agenda. So if we have secure and stable housing, if families and our youth feel safe and we're supporting their well-being, and then we're also supporting them as students and being respectful of families who are working or who may want to also go back to school, and that's really how we came up with Mission Families. So then we came with our vision: resilient children and families free from adverse childhood experiences in central New Mexico, and then our Vision Council decided to tackle what they felt was the most significant root cause of family instability.

So here's our goal of reducing adverse childhood experiences by 50% by 2030 by supporting protective factors over two to three generations. So sometimes when we talk about adverse childhood experiences, it's sort of from that negative or that deficit base. So we are really making an effort to talk as a strength-based approach. So when we're really sort of tackling that root cause of family instability, it's because we wanna highlight those protective factors or those resiliency measures that will help mitigate

adverse childhood experiences in future generations. So after we developed that initial focus, we engaged our community to start developing strategies. So we held these topic strategy sessions. We had three of them in the community. We held one evening where it was a dialogue with families and youth, and then we sort of brought everyone back together for one capstone session to let them know what we heard. So we had over 135 attendees representing 57 different community organizations, and we've really gathered some really insightful feedback. So we took notes during all of the sessions, we transcribed all of those notes, and then we put it in a qualitative design software that sort of grouped these were the themes that sort of emerged or that were brought up over and over again.

So again this kind of supported what we heard supported, the idea of that these were sort of our big things: secure and stable homes, safety and well-being, support for students and families. When we actually sat down and talked with families and some high school youth, not surprising, but really important to note that some of the same words came up: so housing, education, family, resources, stability. All of those same sort of key words came up. So after that we identified then what we consider some essential support services. So we recognize in our community that we need to sort of lay the foundation.

So these basic needs must be met before we ever start to look at other protective factors, so transportation, housing, childcare, food, utilities, basic needs need to be met. Once we sort of have that foundation, then we can start building those skills by creating holistic educational opportunities. So this is where some of those programs, such as literacy, parenting skills, job skills, school time, so let's support the youth, and quality out-of-school time, and then for that smaller but significant part of the population that has some underlying condition, to have like very much more specific interventions for physical mental health or substance abuse with the idea that we're connecting them through all of these different levels. So there was a lot of discussion

around: How do we build capacity? How can this be a wraparound support? It shouldn't be that you go to one office and get your housing voucher, and then you have to go all the way across town to get support for your education, and then you have to go outside the county to sort of treat that underlying condition and that no one's sort of talking to each other. So really this idea is that we wanted to connect resources and really meet the families where they're at, and then we were really challenged to think differently about how we work. So if we want all of that to work together, it needs to be integrated and comprehensive. Perhaps a community hub model would be important. There was talk about collaborative funding opportunities so that we start working together and that perhaps like agencies who work together, there should be a grant mechanism for them, and again because we at United Way give grants, it really challenged us to think, maybe we're not supporting what the great work that's happening in our community in the best way. We learned a lot about sort of that connections between agencies.

So there are all of these agencies who are doing really great work aren't talking to each other or who didn't know, oh I didn't know that you also provide adult literacy services as well. Wow, if I would've known that, I would've referred my clients to that agency. We talked a lot about community participation, so this idea of not about me without me. So as I sort of alluded to, sometimes when you have sort of these high-level community members involved in your work, we sorta forget the family that we're really, who we're supposed to be working for. So it's really important to have those families and the youth who this work is about at the table with us. One thing that is really special about living in central New Mexico is that we have some really amazing cultural assets. So we have a large Latino population. We have a large American Indian population. I'm not a native New Mexican, but people that live here are very proud of their history and their heritage and it's not uncommon for families to have lived in this area for generations and generations and generations and for them to know that history. So it's something that we wanted to sort of bring at the forefront when we're

thinking about the experiences that our young children are going through. We wanna recognize that one of our protective factors is our strong cultural identity and our strong interest in recognizing our cultural assets. So after sort of all of those meetings, this is the first of many iterations of the logic model that we sort of developed. So I think that it's important for you to sort of see how this has changed over the course of time, but the logic models are a really powerful tool when you're doing community work. So it's the visual representation of the problem, but it also really clearly lays out the problem and that in here are some of the strategies that might solve that problem.

So this is something that certainly changes over time, but again this is immediately we came back to our big partners and we sort of said: This is what we're hearing, here are some potential strategies, and then these strategies should be culturally appropriate and multi-generational for all families in our four-county area. It also sort of highlighted to us that we have some really vulnerable populations in our community. So families you are experiencing homelessness or who are precariously housed, certainly with the input from our district attorney, the homeless pop or the incarcerated population, and then obviously the immigrant population that we see in our area. We have an area called the International District where we have a really large Asian immigrant population. So we wanted to be mindful that, as we started to create this, that we really were being inclusive of all families in our area, and this certainly, you will see, this logic model has gone through, gosh, I think I probably created six of them, as we have sort of gone through the process.

So we start with this logic model, and then we use what we call results-based accountability, which is a framework to assess whether systems are making a change. So what we have are two levels of measurement. So the first is at population level, and that's our result. So this is our state of New Mexico percent of children who have experienced adverse childhood experiences. So that's kind of our big picture where we've set our vision and then from that we sort of identify indicators that might

contribute to that number. So that's where that Youth Risk and Resiliency survey came in. So we recognize that we have this large portion of our youth who are experiencing physical violence. We assume that that indicator is related to sort of our overall population level measure. Those indicators also inform our strategies. So those strategies are the specific services that we provide based on the results of those indicators and these strategies are really what bridge the population at the performance level. So again, the population level for us, we're using that as our state measure. The performance level is really what specific agencies are doing. So this is the, if you have an adult literacy program, you're developing performance measures to go along with how many you served, whether they increase in their literacy, and then as a result of increasing their literacy ability they were able to get a better paying job. So those performance measures, they're really at that individual agency level. And then the idea is that if everyone is working towards a common goal, we will all sort of continuously improve together.

So you take that information at that performance level and you share that and you sort of go back and say, okay, if all of us were working towards this common goal, we can change that population, but it also sort of says, one nonprofit agency cannot change the whole entire population. So I think that's a really important thing to note that one agency cannot change the entire population, but a bunch of agencies working together, absolutely can. So getting from talk to action, these are the questions that we ask: So what is the population we wanna impact? What is the quality of life conditions that we want to sort of improve? What are the underlying causes? And then, lastly, we really wanna think about what is United Way's role in all of this? So every time that we sort of set a big goal within our Vision framework, these are the questions that we sort of ask ourselves. So where are we going? So we did all that community work. We talked with a lot of community members. We talked with a lot of agencies. We talked with city and state and all the government officials. So what's going on now? So we have developed what we call the Ready framework. So it's a comprehensive community-wide approach

to support protective factor that build resilience and as a result reduce ACEs in the four-county areas of central New Mexico. So this is based on other community-based research models. So there's the Strengthening Families model in Travis County, Texas. There's the Building Resilient Communities Collaborative model, which came out of George Washington University. So we took those other community-based research models and based on the ecological model we came up with what we call the Ready framework. So in order for us to impact or reduce the percent of children who are experiencing ACEs in our community, we have to have Ready children, Ready families, Ready services and Ready communities to succeed. So the idea is that these four levels certainly work together, but that there's really specific sort of points that we want to have in each of those.

So children are resilient, safe. They're supported by their families, but they're also supported by the right services and they're also supported within their community, where at the same time, Ready communities, everyone has access to health and healthy and safe social, economic, and natural environment, and everyone aligns to support the efforts of those families. So this is the model that we have decided to adopt in our work and this is our final logic model that we came up with. So this really shows: these are your one activities, these are our year-one outputs and what outcomes that we hope to sort of have.

So this is what is so nice about sort of doing community participatory research is that it's really community specific. So for us, when we talked about the Ready children, so we're really taking this first year to sort of take time and read the literature about what are best practices in supporting young children. We want to sort of develop and deliver trauma informed care training with the idea is that we can maybe do some pilot work about increased student engagement. If we increase the number of out-of-school time, perhaps we see better child outcomes for children who are in schools where all of the staff are trained in trauma informed care. For Ready families, we wanted to develop a

Family Leadership Council. So this is sort of the idea of bringing families to the table and giving them the skills necessary to become leaders in their community for themselves. For Ready services, we are sort of investigating this idea of creating a hub, a community hub, where we can sort of see the feasibility of a connected integrated high-quality sort of service delivery center, and then our Ready communities is where we're really kind of be focusing our policy agenda in things that we can sort of work on with that. So I wish that I could have all the results for you, but this is year one, so we're in the midst of it, which is very exciting and we're really excited to do it, but again I just wanted you guys to sort of see the model and sort of how it came from the beginning to where we are now, and then I wanna talk a little bit about collective impact. So the idea behind collective impact is that we're only going to see change in our community when we have shared measurement, shared strategies and shared outcomes. So everyone has to be in alignment.

So there's a couple of preconditions for us to have collective impact. So one is we have to have influential champions. So influential champions are those who command the respect of and can bring together cross-sector leaders in the community. So those champions really are sort of not siloed. They have strong relationships with multiple sectors and they're really well respected and they can sort of be that change maker. Adequate financial resources to sustain the collective impact initiative for at least two years, that's sort of the minimum requirement, and in many cases an anchor funder is involved in sort of start up. The last precondition is the urgency for change around an issue or a set of issues. So it has to be something that people are like, yes, we're ready to do this, and then you wanna sort of establish some certain conditions: so a common agenda with a shared vision, a common understanding of the problem and a joint approach. Shared measurement is huge, so we're measuring results on a regular base for accountability and continuous improvement. We have mutually reinforcing activities. So they're coordinated, but differentiated activities among partners. We have to have continuous communication, so consistent and open communication to build trust,

assure mutual objectives and create common motivation, and then backbone support. So that's certain organizations that will coordinate the overall initiative and participating organization, and that's really what United Way is. We are, ooh, sorry, we are the backbone support. So we convene people. We bring people together in meeting space and provide the support for that. We have a community fund where we give grants directly to our community. We have the ability to affect public policy and education, as well as advocacy, and then we also have that ability to mobilize the community because of who we bring to the table. So that's really how we view United Way's role in this community model, in collective impact, as sort of being that backbone organization, and then this is kind of what it looks like. All those arrows are our community partners, other nonprofits. So we all have to think about mutually reinforcing activities so that we have both collaborative action, but is also aligned action.

So sometimes it's a little bit like herding cats, but if you're really clear within what your outcome is and have agencies, no matter how diverse of an agency, in alignment to meeting that goal and that there's a common agreement on measurement and there's a common agreement on the strategies, you will have an amazing collaborative aligned action that gets you to that collective impact. So with that being said, here are some sort of lessons learned along the way and that I can tell you specifically where we are now. So I had mentioned a little bit about the social connections are really critical for social capital, so who you have invited to the table is important. We have some amazing leaders at our table. However we have realized that we are missing some really key people, and those key people are the individuals who are at the city who work on housing and they are our leaders in our youth and family homeless shelters. So we missed with this whole discussion on family stability, we missed a critical voice at the table. So now that we have sort of recognized that, we have developed a subcommittee where those experts and those individuals can be involved and provide input. The second piece that we missed was someone from sort of emergency health

services. So we have representatives from our local hospital. We have someone from the University of New Mexico Health Science Center, but we are missing our emergency room physicians, our family nurse practitioners. So again really thinking about who those individuals are so that you have that social capital. Community engagement only works with community voice. So also being mindful at who's at the table, it has to be the families and the youth that you want to work with. So it's, again, not about me without me. I will say that there's always challenges around collective measurement because sometimes when you say data collection, people immediately are like, "Ah, I can't do that. "I don't collect data." So that's where I come in in working with other organizations to sort of develop that collective measurement and then I think with any sort of community project you have to be okay with constant change and evolution. So my beautiful logic model, after the end of year one, it will very likely look completely different after the end of year one, and that's okay. So just a quick update on where we are now.

So with our Ready communities, we are building a visual model of community protective factors to sort of inform policy and advocacy. Right now we have identified five protective factors in our community. So that's parental resilience, it's critical support in a time of need, it's social connections, it's a positive school climate and it is a knowledge of child development. For our Ready services, we are currently engaging service providers in an asset mapping exercise, with the idea that, based on those assets and the gaps, we will develop a hub, a community hub in partnership with the City of Albuquerque where those gaps in services will be available. For our Ready families, we held our very first Family Leadership Summit in Bernalillo county and we did a survey of the families of what they considered to be their critical need. We're planning on doing that in the three other counties this year. Right now, for Ready children, we're conducting a review of best practices around trauma informed care and we have one pilot school that we are supporting to get trauma informed practice training and to sort of measure the outcomes of that, and then lastly we are developing

a community index to comprehensively measure the education, health and well-being, employment, crime and access to services for our four-county area, and hopefully that will let us know our change on that. So with that, I would like to open it up to any questions.

- [Amy] Absolutely, thank you so much. Let's go ahead and start addressing some of the questions that are coming in. Edith is asking, "How is the one child from each family "selected to participate in the survey?"

- [Megan] So they're randomly selected by census counts .

- [Amy] Ah, okay.

- [Megan] So when you get the letter, it will say, sometimes I think in the state of New Mexico, like they gave, like they identified the child after the census data was collected.

- [Amy] Okay, great, thank you. So Trisha's just commenting that "the model that you have is fantastic "and what would you recommend as a first step "for a community who might want to begin," I'm sorry, "who might want "to start engaging in this process?"

- [Megan] Thank you. So I would say probably the first thing, the very first thing that you should do is identify who those core leaders would be. So I would just make a list and invite the group to lunch and get that discussion started, but I think that you should have a variety of stakeholders from various sectors and to be really mindful of who you are inviting because you want the right people who sort of have those connections and you can make change at the very start.

- [Amy] Okay, so kind of with that in mind, the next question is: "So do you have suggestions "for who to reach out to in a community "without an established organization like United Way?"

- [Megan] Okay. So I would think about, that's a really great question, I would think about who, when you go to community events, who do you see consistently at them? That might give you an idea. I would say if you don't have sort of, if you haven't been able to identify who that backbone organization might be, I would look to your city officials, probably first and foremost, and thinking about, I mean, for us, the First Lady of Albuquerque is just fantastic and this is of interest and she has more time than the mayor. I think that we probably would have originally wanted the mayor to be involved, but this actually kinda works out in a way because she has the time to do that. I would also look at who your big nonprofits are as well, so where are a lot of other nonprofit services being allocated in your community and you'll likely find that key community leader there as well. I would say another area is in faith-based organizations because they often have a really good pulse on what's happening in your community.

- [Amy] Okay, great, thank you. That's very helpful . Let's move on. "Do you have," like let me just open this up, sorry.

- [Megan] No, you're fine.

- [Amy] "Do you have representatives from," I think it says from the school districts .

- [Megan] Yeah. So we don't at the Mission Families Vision Council. We do on our Mission Graduate Vision Council, and then on our subcommittees, so within that Ready framework we have developed subcommittees that are led by one person from the Vision Council, but those subcommittees are really made up of the service providers.

Yes, we have teachers. We have administrators from the school district. We have service providers within the school district on those committees.

- [Amy] Okay, great. "Do you ever have any pushback along the way, "and if so, how do you?"

- [Megan] Yes, of course, we have pushback. I say that the pushback is mostly, it's mostly around other service providers just feeling so overwhelmed that they're sort of, they're kind of like that "I can't, "I don't have time to do this," or "This is what I'm already doing. "Why should I do something extra?" I think that when that sort of happens, it's sort of going back to we have a shared goal. Like I don't know of anyone that I worked with who does not want us to reduce the children who are experiencing adverse childhood experiences. So I think that when you sort of get pushback, remind them that we're all working towards the same goal and that I would say most of the pushback, it's just sort of like, "It's impossible," or "I've been doing this work for 20 years "in my community and I haven't seen any change. "What makes you think that you're going to see change?" So that's again coming back to not one single agency is really going to make that significant of change. It has to be collective. If all of us are working together, we're going to see even greater change. It's not just one individual or one organization.

- [Amy] Great, very good points. "So in retrospect, "what community performance measures "do you think are best to follow "now that you've had this experience under your belt?"

- [Megan] Ooh, so . Well I would say that what I'm most excited about is building this index. I think that having a community index will be really powerful for us. So there is a website called communitycommons.org that can help you build sort of your own community profile. I think that that's gonna be really powerful that we haven't quite

realized quite yet, but I'm hopeful for that. I think the biggest challenge is sort of moving away from like, I think that when this work first got started, individuals wanted to measure ACEs. "Well, I just need to know how many ACEs, "how many kids at my school have ACEs?" It's really moving away from that of, "It doesn't matter.

"Regardless how many ACEs this child has, "this is what we have to do to build resilience "so when something adverse happens again, "they can bounce back." So that's really, I would say, I wish we had a measure of resiliency, a great common measure of resiliency. I hope that answered the question.

- [Amy] Sure, thank you. "So is the community performance measure "mostly based on kids in poverty "or kids living in unstable housing?"

- [Megan] So it's going to be on all children no matter what. So it's not necessarily, like our strategies and our work will not be on a specific subpopulation. Where those subpopulations will be coming in that community measure is based on what our community partners are collecting. So for example, I'll give two agency examples. So one is gonna be New Day, which is a youth homeless shelter, and then another one will be an out-of-school extended-day tutoring hour that the public schools have. So what we want is for, both of those agencies, even though they're working with a youth population to collect data in a similar way so that we can sort of look at, collectively, how well we're doing. So the youth or the families who are experiencing homelessness, that data collection will happen at those community partner organizations that a literacy program or a parenting class or a post secondary coaching class will be collecting data in a different way, but the idea is that we have all of that and we bring it together.

- [Amy] "So what do you see "as the SLP's role in this process?"

- [Megan] Ooh. So I think for the speech language pathologist, I mean we're those service providers, we're the boots on the ground. So I think that being that voice, getting trained in trauma informed care and trauma informed practice as a professional is going to be really, really important. I think that often time the speech language pathologists are seen as leaders at the school and so sort of being well-versed and informed about other things that are happening in our community will be really important, and we are those service providers. So I think that when you look at our Ready framework and we're talking about Ready services, it's really kind of bringing back and saying like, what are we doing to sort of also build those protective factors? We are doing that because communication is huge. When we think about the protective factors of social connection and school climate, what we do contributes directly to those.

- [Amy] Absolutely, absolutely. We have a few more questions. So if you are able to continue to answer those, it's just like three.

- Sure.

- [Amy] That would be great. And to our participants, if anybody does need to log off at this time, you are certainly welcome to do so. If you're able to stick around for the rest of our questions, that's great too. "So what barriers are you experiencing "in drawing in the medical community, "like pediatricians for example?"

- [Megan] So I think that the barriers are, in this is gonna be like very specific to our Q&A, the barriers are time. So when we think about those health care professionals, their hours are just very different than say our top executives at Wells Fargo or the utility service or Sandia National Labs. Their hours are very different, so I think that that's one. Two, we see a lot of turnover. So our health care professionals aren't necessarily sticking around and so we have a difficulty in sort of identifying those key

leaders who have committed to being in this community. I would say those are probably the two biggest barriers, and it's sort of, I guess, and this is for all of them, it's when you have large corporations in sort of industries like, it still like amazes me when we have these meetings. We have the UNM Health Science Center, we have Presbyterian Health Care and we have Lovelace Health Care Systems. Those three people, the only time they see each other is when United Way has a meeting. They never talk to each other, so I think that's just sometimes the nature of what we do in big corporations.

- [Amy] Yes. Two more, and then we can wrap it up. "Can you provide an example "of a community performance measure?"

- [Megan] Yes. A community performance measure would be like number of families that haven't exceeded housing cost burden. It would be percent of children living in stable housing. It could be, I mean you could even do education attainment as a good community measure. So what percent of the working age population has at least an Associate's degree or higher? What percent of the population, yeah what percent of the population has health insurance? Those would be--

- Okay.

- [Megan] Community measures.

- [Amy] Okay, and then, "Did your data "on substance abuse include alcohol?"

- [Megan] It was a separate question, and so we didn't include, that was just another slide that I didn't include because the alcohol use had a bunch of sub-questions. So it asks, if they did drink alcohol, where did they get it, who were they drinking with? That type of thing, and so it was hard to like tease that out of that data.

- [Amy] Okay, great, all right. So we can go ahead and wrap it up there for today. We certainly do appreciate you sharing everything, wonderful, things that you've been doing, Megan, and sharing your expertise with us. It's been really wonderful to listen to, and I just like to thank Trisha again, our guest editor, for a really great week.