

# Michigan ACE Prevention Capacity Assessment Findings August 2023

## About the PACE D2A Project

In September 2020, MPHI's Center for Strategic Health Partnerships was awarded the **Preventing Adverse Childhood Experiences – Data to Action (PACE D2A)** grant from the Centers for Disease Control and Prevention (CDC). Across the project period from September 2020 to August 2023, the goals of the PACE D2A project were to 1) improve state and local level ACE surveillance infrastructure and the accessibility of data related to ACEs, 2) implement evidence based primary ACE prevention strategies and 3) conduct ongoing data to action activities to ensure the best available data and evidence are utilized in order to inform and adapt ACE prevention activities.

## Capacity Assessment Goals

A key deliverable of the PACE D2A grant was to conduct a statewide ACE capacity assessment within the first year of grant funding. To meet this deliverable, an ACEs Capacity Assessment was conducted from November 2020 to May 2021, with a report of the assessment's key findings produced in July 2021. The results of the 2020-2021 capacity assessment can be found [here](#).

The main goals of the first capacity assessment were to:

- 1) Assess current state capacity to monitor ACE outcomes and indicators and develop recommendations for improving capacity
- 2) Assess current ACE prevention strategies implemented within the state and identify gaps in meeting the needs of populations at high risk of experiencing ACEs
- 3) Guide recommendations to build or enhance a state surveillance system to monitor ACEs and increase alignment of state prevention strategies

Throughout the PACE D2A project period, significant progress was made at both the state and local level. Key activities included the inclusion of additional ACEs questions to youth-based surveillance surveys, the creation of the Michigan ACEs Data Dashboard ([miacedata.org](http://miacedata.org)), implementation of several ACE prevention strategies, and numerous new partnerships and collaborations formed.

Due to these and other activities across the state, MPHI was interceded in conducting an updated capacity assessment in order to assess the state's current capacity to conduct ACE surveillance and prevention activities, understand what changes in capacity have been made throughout the PACE D2A project period and make additional recommendations to continue to improve and sustain the state's capacity to monitor and prevent ACEs.

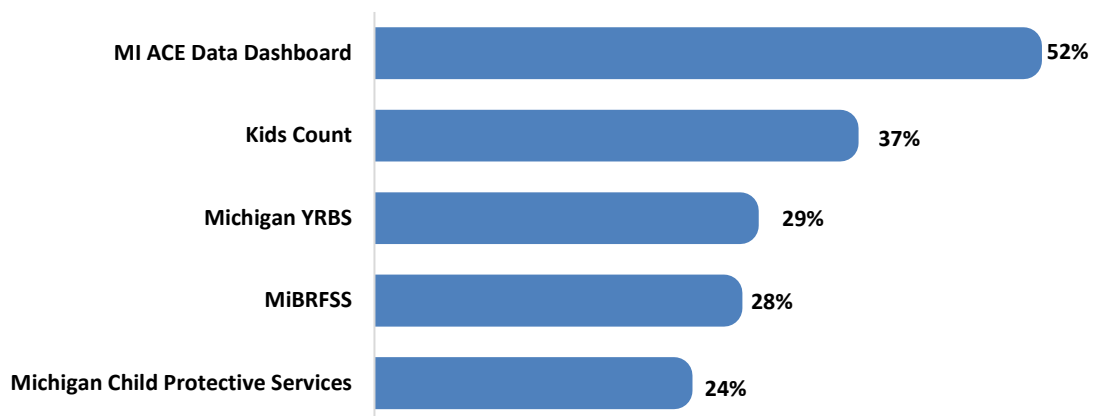
## Methodology

To assess the state's current capacity to conduct ACE surveillance and prevention activities, understand what changes in capacity have been made throughout the PACE D2A project period, an online survey was distributed to key stakeholders across Michigan. Survey participants were recruited through their involvement with PACE D2A partners, including those affiliated with the Michigan ACE Initiative and Children's Trust Michigan. There was a total of 75 survey responses received and analyzed. Survey participants came from across Michigan's geographic regions and a wide range of sectors. MPH staff used Microsoft Excel to quantitatively analyze the data collected. **Overall findings related to the capacity assessment are detailed below.**

## Findings: Data and Surveillance

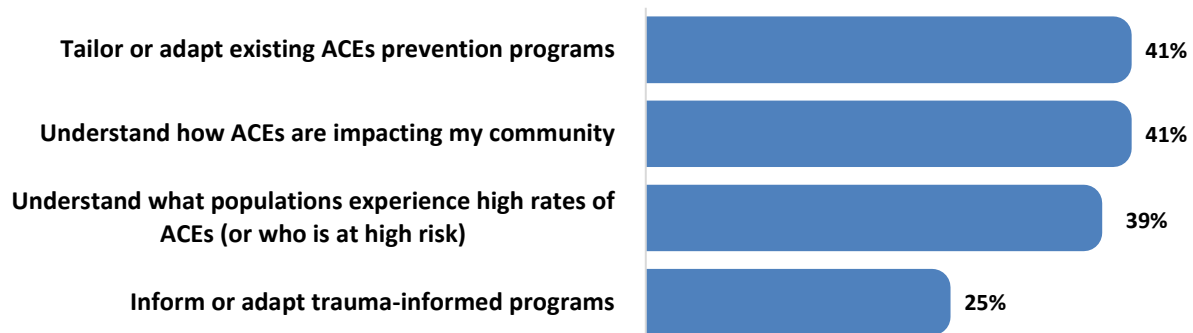
Respondents were asked about what sources they used to access information about ACEs\*. This graph shows the top 5 sources used and the percentage of respondents that use each one (n=75):

\*Check all that apply



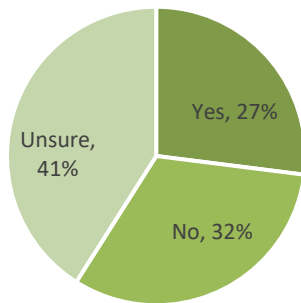
Respondents were asked how they use the datasets to understand ACEs\* (n=75):

\*Check all that apply

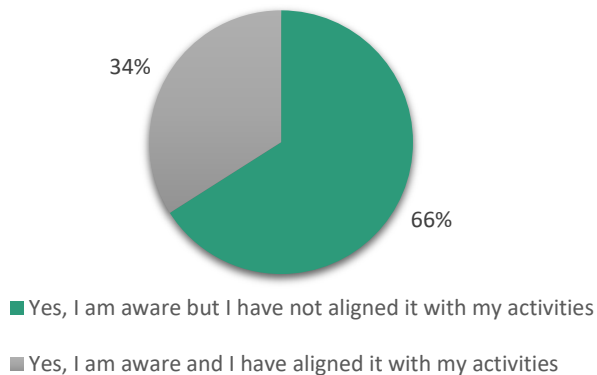


## Findings: Using ACEs Data to Inform Prevention Efforts

Respondents were asked if they have access to all of the ACEs related data they need for their prevention work (n=75):



Respondents were asked whether they were aware of any situations or examples when ACEs data has been used to inform decision making in the community or the state (n=50)



Respondents identified additional data or information that would be most useful for their work to prevent ACEs in Michigan:

- Local-level ACEs data
- Data on populations disproportionately affected (e.g. Native American, Black, LGBTQ+) by ACEs
- ACEs data related to criminal justice involvement and families affected by incarceration
- Impact of community and environmental factors as an ACE (e.g. racism, homelessness)
- Anecdotal stories and evidence-informed data from residences with lived experience or are in the midst of ACEs
- Chronic health conditions of adults with ACEs
- Better understanding of gaps in community resources and what is being done to address these gaps.
- Useful resources (parenting programs available, reliable counseling referrals for support) and evidence-based interventions

### Ideas for how ACE data can be used to inform decision making:

Respondents reported that they would use ACEs data to:

- Help identify greatest needs or gaps in community resources or services.
- Guide decision making around where funding gets placed.
- Share with the community and workers at their organization in order to increase their understanding of the impact of ACEs on those they serve.

# Findings: Michigan's ACE Prevention Efforts

## Sector Engagement in ACE Prevention



Top 3 sectors respondents rated as the currently engaged in work to prevent ACEs in Michigan (n=55)



Education



Public Health



Social Services



Top 3 sectors respondents rated as needing to be engaged in work to prevent ACEs in Michigan (n=30)



Media



Business



Justice



## Improvements needed to improve Michigan's approach to preventing ACEs

Respondents indicated that state and local ACE prevention efforts should focus on:

- Securing additional funding
- Education and training
- Increased services statewide
- Coherent and consistent vocabulary
- More trainers and content area experts working on ACE prevention programming

## Michigan's Strengths: ACE Training and Education

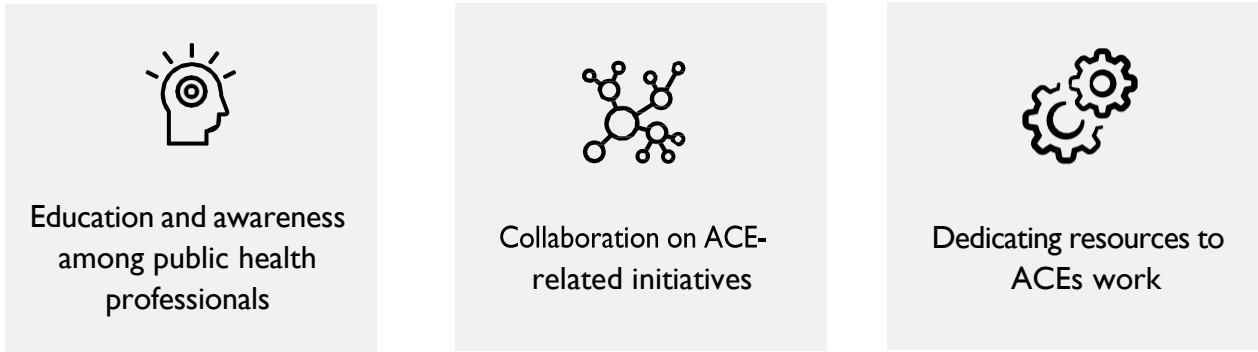


Network of Trainers (ACE Master Trainers, Community Champions)

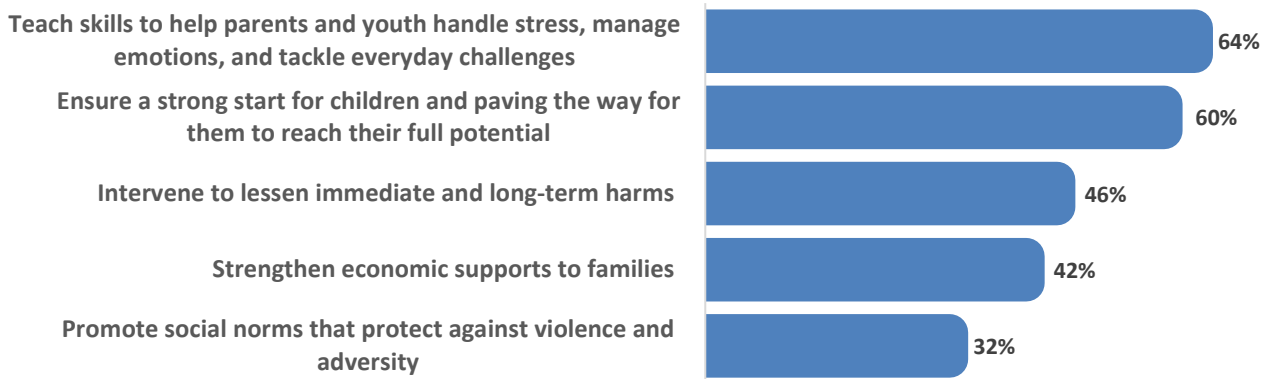


Training opportunities and educational resources

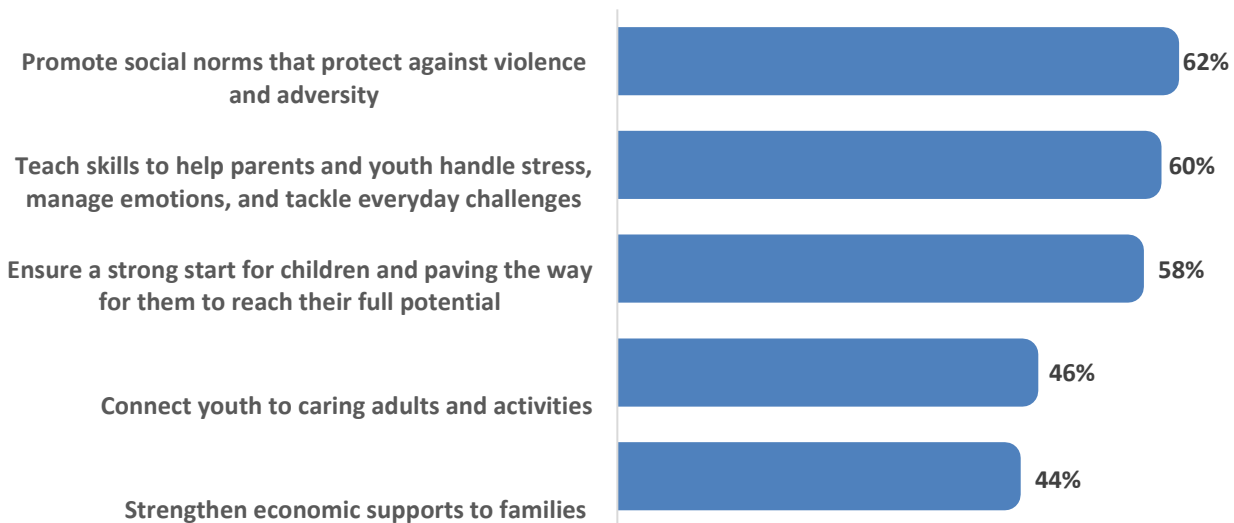
Respondents reported several strengths of statewide ACE prevention activities



The following chart shows the percentage of respondents currently being involved in each CDC recommended strategies for ACE Prevention \* (n=50): \*Check all that apply



The following chart shows the percentage of respondents that would like to be involved in each CDC recommended strategies for ACE Prevention \* (n=50): \*Check all that apply



## Conclusion

Findings from the 2023 capacity assessment will be used to understand what progress has been made since the last assessment was conducted in 2020 as well as inform and guide the future years of Michigan's ACE prevention activities. These results indicate that will significant progress has been made, additional work is needed to make data more accessible, to continue to expand ACE prevention and training activities across the state and to secure funding to make programing sustainable. As Michigan continues to grow in capacity for ACE prevention the findings from the assessment will be used to guide future strategic planning and update Michigan's ACEs State Action Plan.

# 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 within 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

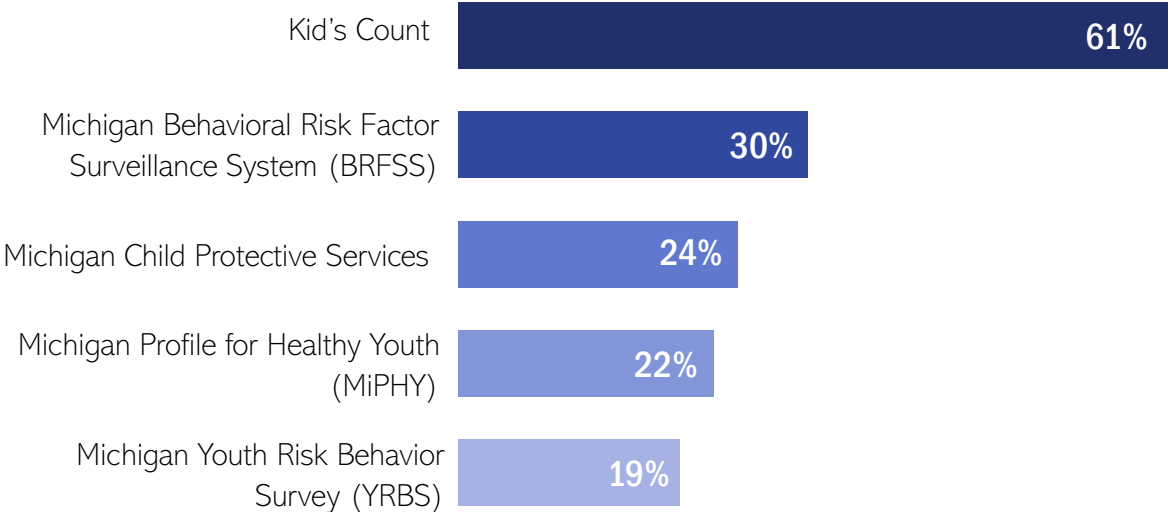
To meet the goals of the capacity assessment, a stepwise data collection process took place from November 2020 through May 2021. The capacity assessment included key stakeholder interviews, a statewide survey, and compiling a Michigan ACE prevention program inventory.

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*



## 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

### Opportunities:

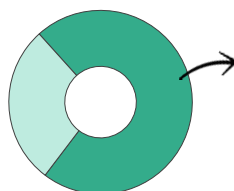
**Respondents identified additional data that would be helpful for ACE prevention work in Michigan**

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 most involved in preventing ACEs in Michigan**



**Social Services**



**Education**



**Public Health**



**Top 3 sectors respondents rated as needing to be more involved in preventing ACEs in Michigan**



**Business**

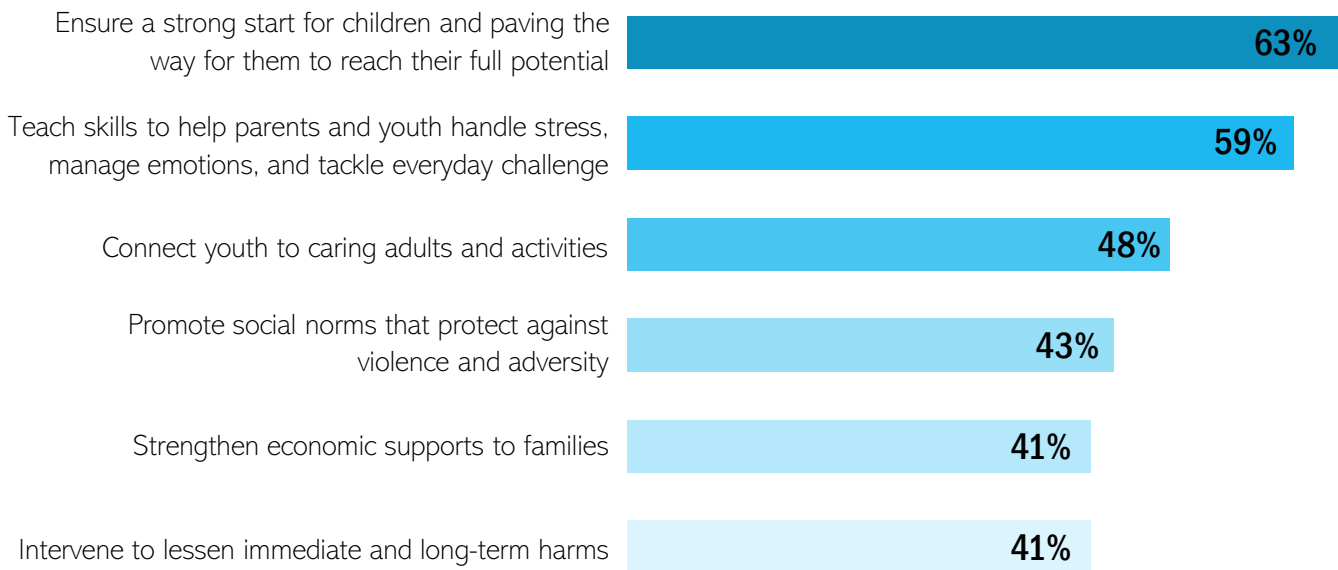


**Justice**



**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*



**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.

