



# 2026 MIACE Conference

*Context and Connection:  
Reframing Childhood Adversity*



**Thursday, May 21, 2026**

Kirkhof College of Nursing | Grand Rapids, MI

# Welcome to the 2026 Michigan ACE Initiative Conference

For nearly a decade, the **Michigan ACE Initiative (MIACE)** has helped Michigan reframe Adverse Childhood Experiences (ACEs) as **preventable public health challenges shaped by systems, policies, and community conditions**—not individual failings. Since our launch, MIACE has grown into a statewide movement advancing trauma-informed, healing-centered approaches that strengthen families, organizations, and communities.



## A Decade of Collective Impact

MIACE began with a simple but powerful idea: lasting change requires partners across sectors working toward a shared goal. Today, MIACE is a **200+ partner statewide coalition** spanning public health, healthcare, education, child welfare, behavioral health, philanthropy, government, faith communities, and grassroots organizations. Operating through a collective impact model, MIACE aligns strategy, language, and action to reduce silos and accelerate progress statewide.

## Building Awareness and Capacity

Over the past ten years, MIACE has helped elevate ACEs as a public health priority through conferences, community outreach, public education, and legislative briefings—shifting how Michigan understands childhood trauma and toxic stress.

Central to this work is capacity building. MIACE delivers **ACE aware and trauma-informed training and technical assistance statewide**, supported by a Speaker Network, ACE Master Trainers, and Michigan Community Champions. Together, these partners have reached over 25,000 Michigan residents and professionals, equipping them with shared language, practical tools, and hope centered approaches that emphasize healing and resilience.

## Using Data to Drive Action

In partnership with Michigan Essentials for Childhood, MIACE supported the development, and ongoing sustainment of the **MI ACE Data Dashboard**, improving access to Michigan-specific ACE data for youth and adults. This shared data resource supports informed decision making, highlights disparities, and strengthens prevention strategies grounded in evidence.

## Advancing Policy and Systems Change

MIACE's impact extends beyond programs, driving meaningful **policy and systems change**. By engaging policymakers, state agencies, and cross-sector leaders, MIACE promotes trauma-informed approaches in schools, healthcare, and child and family serving systems. The Initiative has helped align public funding and statewide efforts—such as **Essentials for Childhood** and **Preventing Adverse Childhood Experiences** around prevention, resilience, and **Positive Childhood Experiences**.

## Looking Ahead

As we gather for the 2026 MIACE Conference, we celebrate how far Michigan has come—and commit to the work ahead. This conference reflects MIACE's enduring purpose: to learn together, lead together, and continue building Michigan; where every child, family, and community can thrive.

Welcome, thank you for connecting with us and bringing your unique perspective to this important work!

# Speaker Directory



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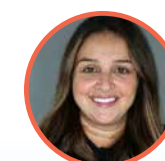
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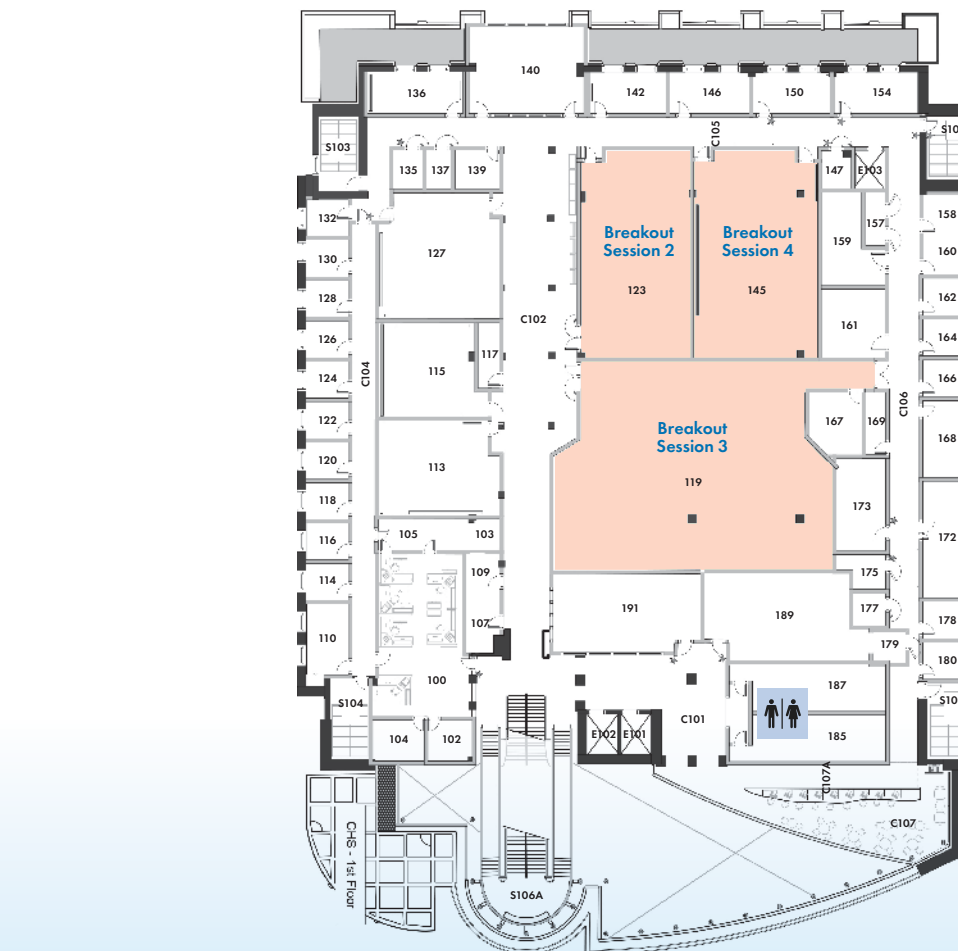
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# Agenda

<b>7:30 – 9:00 am</b> DCIH 1st floor corridor	<b>REGISTRATION AND CONTINENTAL BREAKFAST</b>
<b>9:00 – 9:15 am</b> DCIH 102/104	<b>Conference Welcome and Decade of Impact Celebration</b> <i>Kelsey Sala-Hamrick; Mathew J. Edick</i>
<b>9:15 – 10:15 am</b> DCIH 102/104	<b>OPENING KEYNOTE</b> <b>The Public Health Crisis of Pediatric Mental Health: Understanding the Why, Mobilizing the How, and Reimagining What’s Possible</b> <i>Crystal Cederna, Psy.D</i>
<b>10:15 – 11:00 am</b> Study Commons 100	<b>MIACE Poster Session and Coffee Break</b>
<b>11:00 am – 12:30 pm</b>	<b>BREAKOUT SESSIONS</b>
<b>Session 1</b> DCIH 215	<b>How Experiences Shape Our Health – and How Connection Helps Us Heal</b> <i>Zoe Lyons; Hayley Jones; Hilary Marine, MSN, MPH, CPNP-PC; Debbie Wertz, CPA</i> This session introduces how experiences in childhood can affect our health and well-being later in life. We’ll talk about what ACEs are, why supportive relationships matter so much, and how positive childhood experiences (PCEs) can help people heal and grow. You’ll leave with easy, practical ideas for creating safer, more supportive environments for children, families, and communities.
<b>Session 2</b> CHS 123	<b>Understanding Substance Use Data in Michigan to Guide Prevention and Intervention Efforts</b> <i>Haley Hurst-Kehus, MPH; Brandon Hool, MPH</i> This session will look at trends in substance use data in Michigan and among specific populations, including youth. Presenters will discuss the development of substance use risk indexes and how those data guide prevention and intervention programs and communities of focus. Information on Michigan data dashboards, including MODA and miacedata.org, will be highlighted.
<b>Session 3</b> CHS 119	<b>Moving the Needle on ACEs – Policy Levers that Drive Meaningful Change</b> <i>Jason Sroufe, MA; Michele Hall, LMSW, IMH-E</i> Adverse Childhood Experiences (ACEs) are shaped not only by family and community conditions, but by the systems and policies designed to respond to them. This breakout session explores how targeted policy approaches can meaningfully reduce trauma and improve outcomes for children and families involved in child welfare and related systems.
<b>Session 4</b> CHS 145	<b>Context Matters: Building Cultural Humility into Your Programs and Services</b> <i>Mona Abdallah-Hijazi, MBA, MHA, PhD, CND; Ahmad Ballout</i> This session reframes cultural humility as essential infrastructure for preventing childhood adversity. Participants will explore how relational practices, institutional norms, and power-sharing approaches shape the conditions that can prevent adverse childhood experiences (ACEs). Highlighting organizations that have embedded cultural humility into systems—policy, practice, and decision-making, which can strengthen trust, increase connection, and advance more effective, equitable prevention strategies.
<b>12:30 – 1:30 pm</b> DCIH 1st floor corridor	<b>LUNCH</b>
<b>1:30 – 2:30 pm</b> DCIH 102/104	<b>Community Presentations</b> <i>Mona Makki, LLP</i>
<b>2:30 – 3:30 pm</b> DCIH 102/104	<b>CLOSING SESSION &amp; CALL TO ACTION</b> <b>Context, Connection, and Care: Advancing ACE-Informed and Trauma-Informed Frameworks</b> <i>Facilitator: Kimberlydawn Wisdom, MD, MS, FACEP</i> <i>Panelists: Shama Faheem, MD; Karen Gray Sheffield, MA; Kesha Hamilton, MPA</i>

# Facility Maps

## DeVos Center for Interprofessional Health (DCIH)



## Cook-DeVos Center for Health Sciences (CHS) 1st Floor

# Poster Presentations

## Resource Mapping as a Community Resilience Practice

Brooke Aernouts, MA  
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This poster will show evidence-based, asset-based community development framework used for resource mapping. The presenter will also demonstrate an interactive functional resource map for attendees.

## Healing Systems: Community Insights to Transform Health Solutions for Youth in Foster Care

Emily Bembene, DNP, MNS, APRN, PMHNP-BC  
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This poster will showcase an evidence-based, community-informed initiative focused on improving healthcare access and care coordination for youth in foster care through an Adverse Childhood Experiences (ACE)-informed lens. Youth in foster care experience high rates of chronic health conditions, mental health needs, and trauma exposure, yet face significant barriers to receiving timely, trauma-informed, and coordinated care. These challenges are compounded by fragmented systems, limited information sharing, and inequities in access to integrated services. Using a mixed-methods approach, this project incorporated literature and policy reviews, stakeholder surveys, and focus groups with foster parents, youth, families of origin, and professionals. Findings revealed that caregivers and youth experience substantially greater barriers to accessing physical and mental healthcare compared to professionals, including difficulty navigating multiple systems, lack of trauma-informed and culturally responsive services, and inconsistent access to medical records. In contrast, access to integrated care models and improved information sharing were associated with higher caregiver satisfaction and confidence. The poster will highlight key findings from the community assessment and policy analysis, as well as actionable, system-level recommendations. These include strengthening interprofessional collaboration, standardizing care coordination processes, expanding integrated behavioral health services, and improving communication across systems. Grounded in ACE-informed care and aligned with national health policy priorities, this project emphasizes the critical role of nurses and pediatric-focused nurse practitioners as leaders and advocates. It demonstrates how evidence-based, community-engaged approaches can inform policy, reduce fragmentation, and advance equitable, trauma-informed care for youth in foster care and their families.

## Effectiveness of Trauma-Focused Treatments for Adults with Chronic Trauma Exposure: A Systematic Review of Treatment Outcomes, Variations, and Gaps

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Chronic trauma involves exposure to multiple, prolonged, and often interpersonal traumatic events. Although evidence-based treatments (EBTs) are broadly effective for PTSD, emerging findings indicate that chronic trauma may attenuate treatment response, underscoring the need for tailored or augmented approaches. This review synthesizes evidence on the effectiveness of trauma-focused interventions for individuals with chronic trauma exposure, examines whether disturbances of self-organization (DSO) are assessed, and highlights limitations in the current treatment literature. Methods: We conducted a systematic review of peer-reviewed articles across PsycINFO, PubMed, and PTSDpubs. Articles were screened using Rayyan and included if they involved samples with chronic trauma exposure, evaluated the effectiveness or feasibility of trauma-focused interventions, and reported outcome data. Study quality was reviewed using JBI criteria, though no studies were excluded on this basis. Twenty-nine articles met the inclusion criteria. Results: EBTs produced moderate to large reductions in PTSD/CPTSD symptoms. Adapted, integrated, and emerging interventions demonstrated promising but inconsistent outcomes. Assessment of DSO symptoms was irregular across studies. Several limitations in the effectiveness of trauma-focused treatments emerged: individuals with chronic trauma histories tended to show attenuated response, brief interventions were less effective than extended 90-minute sessions, and exposure-based treatments had higher dropout rates. Conclusions: EBTs remain strongly supported, although they appear less consistently effective for individuals with chronic trauma exposure. While recommendations exist for adapting or augmenting EBTs, there is limited clarity and implementation guidance. Future research should focus on operationalizing and disseminating these adaptations to improve treatment outcomes for chronically traumatized populations.

## Child Welfare History, Parental Overdose and the Intergenerational Reach of Michigan's Overdose Epidemic

Chloe Bielby, MPH  
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This poster will describe a data linkage project that looks at history of prior system involvement among drug overdose deaths. Prior system involvement includes homeless services and Child Protective Services interactions. Additionally, a data linkage of birth and death certificates estimates the number of children who have a lost a parent to drug overdose.

## Strengthening School Climate in ACE-Impacted Communities

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Affinity Educational Strategies partners with school communities to strengthen school culture and climate through the implementation of evidence-based Social-Emotional Learning (SEL), trauma-informed practices, and restorative approaches. This poster highlights how the Transforming Research into Action to Improve the Lives of Students (TRAILS) Think-Feel-Do Cycle (which combines SEL and CBT & Mindfulness) can be used as a preventative, schoolwide system to support both student well-being and adult practice. Participants will explore how integrating TRAILS within a Multi-Tiered System of Supports (MTSS) framework builds resilience in ACE-impacted communities by aligning instruction with the Four R's of trauma-informed care: Realization, Recognition, Response, and Resisting Re-traumatization. Drawing on implementation data and case examples from Wayne County schools, this session will examine how TRAILS equips all staff—not just mental health providers—to reinforce cognitive behavioral skills across instructional and non-instructional settings. Emphasis are placed on creating a shared language of support and embedding SEL practices into daily interactions. Attendees will leave with actionable strategies to strengthen student skills in emotional regulation, cognitive restructuring, and problem-solving, while also improving staff consistency and efficacy in responding to student needs. This aligned, preventative approach enhances overall school culture and climate by embedding supportive practices across the school environment. Michigan schools have leveraged Section 31p and 31p(2) funding under Public Act 144 to expand access to TRAILS programming. With funding set to expire in December 2026, this session provides practical guidance for sustaining and scaling this work to maintain positive student outcomes and supportive school environments.

## The Early Childhood Support Clinic at Wayne Pediatrics in Detroit: Supporting the Early Relational Health of Young Children to Prevent and Mitigate Exposure to Adversity

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The American Academy of Pediatrics (AAP) has identified the importance of Early Relational Health - defined as the safe, stable and nurturing relationships that very young children form with their parents and caregivers - as "biological necessities that build a foundation for lifelong growth and development." Healthy early relationships can prevent children from exposure to adversity, and can mitigate the effects of exposures when they do occur. Because more than 90% of parents take their infants, toddlers, and young children for pediatric care,

pediatrics is an ideal place to provide universal screening for ACEs and targeted interventions to support early relationships. Providing these services in a pediatric setting leverages the high frequency of visits in the first years of life. Based on Zero-to-Three's HealthySteps model of integrated pediatric health and mental health care for families of very young children, the Early Childhood Support Clinic (ECSC) at Wayne Pediatrics in Detroit was developed to provide these integrated services. Universal screening for all young children and parents in pediatric settings allows us to offer a continuum of trauma-informed and relationship-based services from psychoeducation and anticipatory developmental guidance to intensive, onsite, crisis intervention and referral. This poster will describe the implementation process of the ECSC, the progress we have made to date serving over 1,000 families, our sustainability plan that includes billing insurance for integrated care services, and our dissemination plan. Once fully developed, we will disseminate this model across Michigan so that all Michigan families have access to these critical services.

## ACEs Informed Care in Michigan Home Visiting System: Preventing ACEs Home Visiting Toolkit

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Early childhood home visiting programs serve some of Michigan's highest-risk families, including caregivers who have experienced ACEs such as poverty, abuse or neglect, substance use, or other physical and mental health challenges. Over 20,000 families in Michigan participate in evidence-based home visiting programs each year. Home visiting is a powerful tool to promote prevention of ACEs by intervening in the earliest stages of infancy and childhood to support caregivers to parent thriving children and disrupt intergenerational cycles of adversity. Previous trauma-informed work within home visiting revealed that asking about ACEs alone with caregivers is not a supportive strategy for families or professionals with concerns around how to "leave families whole." Home visiting providers saw the impacts of ACEs on families every day but lacked strength based tools that translated research on positive childhood experiences and mitigation of ACEs to daily practice. Each model also approaches home visits and topic focus differently and tools needed to be model aligned where possible to integrate seamlessly with existing methods of service interactions to reduce burden and increase uptake of tools. A Preventing ACEs Home Visiting Toolkit was developed and piloted initially within Maternal Infant Health Programs, Michigan's largest home visiting model. This toolkit has since been adapted to two additional home visiting models, Healthy Families and Parents as Teachers, and made available in a general format for use by any program. This poster shows why and how the toolkit evolved providing information on how to access the toolkit and associated training modules.

## Preventing ACEs with Survivor Moms' Companion in Home Visiting

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Survivor Moms' Companion (SMC) is a manualized psychoeducation program for parents with (complex) posttraumatic stress from their own childhood maltreatment. SMC improves parental posttraumatic stress, depression, anger expression, and empowers positive engagement with health and social care. SMC aims to decrease ABEs and ACEs (Adverse Babyhood/Childhood Experiences) for 0-3 children by inspiring and equipping "survivor parents" with tactics to prevent abuse and neglect while improving their mental health status and promoting adaptive, effective coping. Home visiting in particular provides a unique setting to incorporate SMC into already established program models to provide additional resources and support to families. This poster highlights initial implementation of SMC into nurse home visiting, assessing and evaluating its reach, utilization, theory of change, and client and nurse/tutor feedback. The initial phase of SMC was successful with full implementation recommended. This information can be used moving forward to think about how SMC might fit within other home visiting programs and agencies, as well as other programs and agencies who support expectant parents/caregivers and parents/caregivers with young children who have experienced their own childhood trauma (e.g., ACEs).

## Youth Voices in Action: Preventing ACEs Through Leadership, Advocacy, and Community Impact

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The Youth Action Council (YAC) is a youth-led initiative focused on preventing Adverse Childhood Experiences (ACEs) and promoting healthier, more resilient communities across Michigan. Through education, advocacy, and peer engagement, YAC members work collaboratively to raise awareness about the long-term impact of ACEs and the importance of prevention strategies. Youth participants design and lead projects that reflect their lived experiences and the needs of their communities, including social media campaigns, community surveys, and youth-centered events. Grounded in evidence-based strategies, YAC ensures that its efforts are informed by research and proven prevention approaches. The council also prioritizes creating a safe and supportive environment where youth feel respected, empowered, and encouraged to share their voices. By using both text and visual storytelling, YAC effectively communicates key messages about mental health, substance use prevention, and positive coping

strategies. The council emphasizes the importance of youth voice, ensuring that young people are not only heard but are actively shaping solutions. Projects often highlight protective factors such as supportive relationships, safe environments, and opportunities for meaningful involvement. These protective factors have been proven to strengthen our substance abuse prevention efforts. As part of broader statewide efforts, YAC aligns its work with prevention-focused frameworks and collaborates with community partners to expand its reach and impact. This poster represents the collective work of YAC members, showcasing how youth-driven initiatives can address ACEs through creativity, leadership, and advocacy.

## Examining Differences in Adverse and Positive Childhood Experiences using 2024 Michigan Behavioral Risk Factor Survey Data

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Research has found an association between exposure to adverse childhood experiences (ACEs) and poor health outcomes among US adults. Positive childhood experiences (PCEs), however, have been found to play a protective role against the effects of ACEs. This study examined the combined role of ACEs and PCEs and health conditions among Michigan adults. 2024 Michigan Behavioral Risk Factor Survey (MiBRFS) data were utilized to examine ACEs and PCEs differences among Michigan adults. Eight ACEs and six PCEs were analyzed using prevalence estimates and 95% confidence intervals. Logistic regression models were utilized to examine the combined role of ACEs and PCEs controlling for age, sex, and race/ethnicity (n=2,597). Analyses were performed using SAS 9.4. In 2024, 22.6% of Michigan adults reported four or more ACEs and 47.3% reported five or six PCEs. The prevalence of four or more ACEs was highest among females (25.8%), 18-24 year olds (36.1%), and multiracial adults (44.2%). Michigan adults with high ACE/low PCE were significantly more likely to report having diabetes (OR = 1.8 [1.1, 3.0]) and being diagnosed with depression (OR = 2.6 [1.7, 3.9]) compared to Michigan adults with high ACE/high PCE. Differences in ACEs by demographics were found to exist among Michigan adults, consistent with national results. Michigan adults with high ACE/low PCE were found to report some higher health conditions compared to adults with high ACEs/high PCE. Limitations related to reporting and recall bias should be considered. Understanding the role of combined ACEs and PCEs can help support program adaptation and implementation.

## Crim's Mindfulness in Athletics: More Than Sports

Jen Keasler, MIACE Community Champion, Yoga Instructor,  
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Crim's Sports in Mindfulness integrates neuroscience and trauma-informed principles into year-round youth sports. While operating intensively in six specific Flint schools this year, the program reach extends across the entire Crim Youth School Sports, Flint Program. As a bi-product of this success, every Coach, Sports Coordinator, and AmeriCorps member is trained through a train-the-trainer system and supported by the mindfulness team to incorporate these practices at all sites. To incorporate sustainability, Crim developed a train-the-trainer system specifically for these mentors, featuring an age-appropriate 6-week curriculum for younger athletes and a more in-depth 10-week program for middle and high school athletes. This program is directly related to Adverse Childhood Experiences (ACEs) by providing the neurobiological tools to mitigate toxic stress. Mentors help athletes regulate the nervous system without ever discussing trauma directly. This work creates essential Positive Childhood Experiences (PCEs) by ensuring every athlete has a strong, supportive connection with a non-parent adult and a sense of belonging. These PCEs can serve as a primary buffer against the long-term impacts of ACEs by providing the opportunity to rewire the brain for resilience. Athletes learn the mind-body connection through a variety of breathing techniques, yoga, journaling, mindful coloring, and affirmations to navigate activations like pre-game nerves or performance frustration. These techniques build the neurobiological muscle for Social Emotional Learning, translating athletic discipline into lifelong resilience. The initiative culminates at Saturday games, where teams lead the audience in Box Breathing. By asking spectators to stand or sit tall, they foster Community Co-Regulation, turning the field or court into a trauma-informed environment that empowers students with leadership and fostering community connection.

## The Double Burden of College Students with Chronic Health Conditions: Adverse Experiences in Mental Health Care are More Common and More Impactful

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Adverse experiences (AEs) in healthcare include a range of events that can undermine healthcare quality and contribute to patient harm. Certain populations experience increased risk for AEs and associated impacts, including college students with chronic medical conditions (CMC). Students with CMC may experience increased need for mental health care, but also face increased barriers to services. This poster presents preliminary findings from an ongoing

survey of college students' healthcare experiences. The study aims to clarify the unique healthcare needs of students, including the needs of students with CMC. Students with CMC currently comprise 17.9% of the sample (n=34). Preliminary results suggest that college students with CMC are more likely to experience at least one AE (e.g., gaslighting, bias, or trauma) in mental healthcare settings compared to their peers,  $\chi^2(1, N=186)=4.20, p=.040$  (44% versus 22%). Additionally, students with CMC were more likely to report these experiences impacted their behaviors or interactions with healthcare providers,  $\chi^2(1, N=111)=5.44, p=.020$ . Findings suggest that students with CMC are both more likely to experience and be impacted by AEs in mental healthcare. This is particularly important for college counselling centers, which often serve as a primary access point for mental health services for students. Notably, students with CMC are less likely to graduate than their peers, an outcome often predicted by increased mental health needs. Increasing knowledge and awareness of college counselling centers around AEs could improve equitable access for this vulnerable population.

## Maladaptive Personality Traits and their Relationship to Adverse Experiences in Healthcare

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Maladaptive personality traits (MPTs) are prevalent today, especially in clinical mental health populations. Previous research suggests that MPTs correlate to adverse experiences seeking healthcare, such as increased treatment stigma and premature termination in acute mental healthcare settings. The current study aims to examine the relationship people with maladaptive personality traits have with healthcare, specifically the young adult population which has been shown to have low healthcare utilization rates. This analysis collected data via the Experiences Seeking Healthcare Survey, a survey targeted to young adults attending Eastern Michigan University. The data analyzed included 170 participants all within the ages of 18-26. Participants completed a survey which recorded demographic data, data relating to their experiences seeking both physical and mental healthcare, 3 of the 5 PID-5-BF subscales, and more. Data will be analyzed using RStudio. Data collection is still currently active. Descriptive statistics and correlation analyses will be conducted on PID-5 MPTs and measures concerning healthcare experiences. We hypothesize that increased levels of MPTs will be associated with adverse experiences when seeking mental healthcare. Findings aim to better understand the barriers to healthcare people with MPTs experience. Results may inform professionals how to better facilitate healthcare for people with MPTs.

## An Examination of Social Media Use and Trauma Experiences Influence on Trauma Symptoms: A Hierarchical Regression

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Social media has become a prominent staple for the modern generation, especially for late adolescents and young adults in the emerging adulthood developmental period of 18-25 (Arnett, 2000; Nesi et al., 2020). However, the developmental context surrounding emerging adulthood has fundamentally changed with the addition of social media to everyday life (Nesi et al., 2020). Additionally, social media has been used for emotional support by those with traumatic histories, with mixed results (Fantasia et al., 2023; Salzmänn-Erikson & Hıçdurmaz, 2017). As such, it has become critical to understand if frequent social media use shares a relationship with psychological distress, especially in populations with a traumatic history. In this study, a hierarchical regression model has been used to assess the relationship between social media use, traumatic experiences, and traumatic symptoms in emerging adulthood university students. Social media use has been measured as frequency in hours per day (“How many hours do you spend browsing the internet, using social media, watching TV, or listening to podcasts each day (on average)?”). An analysis will be conducted to determine how social media use and traumatic experiences factor into trauma symptom severity. Because social media has become an expected activity for the young adult, the objective of this study is to assess the potential risk social media use poses on exacerbating trauma symptoms. We hypothesize that young adults with higher social media use and traumatic histories will report higher trauma symptoms, and that young adults with high social media use will report clinically significant trauma symptoms.

## Youth-Led Prevention: Building Protective Factors Through Youth MOVE Detroit and Youth United

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This poster will showcase Youth MOVE Detroit and Youth United, two youth-led initiatives addressing Adverse Childhood Experiences (ACEs) through prevention, healing, and systems change across Wayne County, Michigan. Youth MOVE Detroit is a chapter affiliate of Youth MOVE National, and Youth United operates within the Detroit Wayne Integrated Health Network (DWIHN) Systems of Care. Both programs are coordinated by The Children’s Center, allowing for strategic collaboration while maintaining distinct program identities. Together, they serve youth ages 14–25 using Positive Youth Development and trauma-informed approaches that prioritize safety, empowerment, and resilience building. Youth MOVE Detroit prepares young people to advocate for trauma-informed, youth-guided systems in behavioral health, education, and community spaces. Youth Ambassadors identify system gaps, set priorities, and lead advocacy efforts. Examples include a youth-led Brunch & Build that connected participants with Michigan legislators and Trauma Awareness & Preparation During the Holidays, which addressed seasonal triggers and promoted healthy coping strategies. Youth United supports youth with lived experience in Wayne County’s Systems of Care through youth voice, advocacy events, focus groups,

and leadership development. Courageous Conversations create confidential spaces to discuss challenges and resources, while Stigma Busting Workshops challenge harmful narratives around mental health. The Youth United Leadership Academy further strengthens leadership and self-efficacy through an intensive, hands-on experience. By elevating youth voice, strengthening protective factors, and addressing root causes of trauma, these programs demonstrate how youth-led strategies can prevent and reduce the long-term impact of ACEs while advancing equitable systems change.

## Community and Public Education Initiatives to Prevent ACEs in Michigan

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MPHI was awarded funding from CDC’s Essentials for Childhood (EFC) Preventing ACEs Data to Action grant. In 2025 the MPHI EFC project team implemented several ACEs prevention activities in Michigan including a public education campaign and training sessions for faith-based leaders. The public education campaign focused on increasing employer awareness and workplace supports for employee mental health. The campaign was entitled “#Healthy Minds, Healthy Business” and comprised a series of 20 unique social media posts. The posts were shared on MIACE Facebook and MIACE LinkedIn. Each post contained a link to resources for more information. Six virtual training sessions using the Extension for Community Healthcare Outcomes (ECHO) model were targeted to faith-based leaders in Michigan. Participants learned how to develop and implement ACEs prevention strategies and received education on how to develop trauma-informed communities. The poster summarizes both initiatives and presents evaluation results on quality, change of knowledge and impact.

## Connecting the Dots: ACEs Data for Michigan Communities

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Since 2022, Michigan has invested in collecting Adverse Childhood Experiences (ACEs) data through the Behavioral Risk Factor Surveillance Survey (BRFSS), enabling the creation of county-level and regional infographics that provide actionable insights for prevention strategies. These infographics visualize the prevalence of ACEs across Michigan counties and Prosperity Regions, helping communities identify areas of greatest need and allocate resources effectively. The initiative began with 10 county-level infographics in 2022, expanded to 20 in 2023, and added 14 more in 2024, thanks to sustained funding from the Public Health Administration and Children Trust Michigan. In addition to ACEs, Michigan now collects Positive Childhood Experiences (PCEs) data, highlighting protective factors that buffer the effects of adversity and promote lifelong health and opportunity. By transforming complex datasets into visually compelling tools, this project empowers local partners, policymakers, and service providers to implement trauma-informed practices and strengthen prevention efforts statewide. These resources are publicly available at [www.Michigan.gov/ACEsData](http://www.Michigan.gov/ACEsData) and serve as a foundation for building resilient communities.

## The Power of Collaboration: Designing a County-Wide Strategy to Address ACEs and Support PCEs

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In Genesee County, 75% of adults have experienced Adverse Childhood Experiences (ACEs). Historically, organizations tend to be competitive or simply work in their “corners of the world” and do not communicate. This began to change in Flint when a one-time grant funded an ACEs event that motivated several of us to step out of our comfort zones and break down silos. In 2023, Flint and other communities were asked to serve as satellite sites for a statewide hybrid ACEs conference. Flint had the largest turnout across the state with 147 participants, underscoring our community’s deep concern and commitment to addressing ACEs in Flint and Genesee County. Several organizations came together to make this happen: Crim Fitness Foundation, Catholic Charities, Genesee County Prevention Coalition, Serenity House, and Flint Odyssey House. We let that momentum carry us to co-designing a formal, county-wide strategy. We believe that coordinating our systems is the only way to be effective in a resource-scarce community like ours. Our strategy—which includes encouraging people to become Michigan ACE Community Champions, hosting documentary screenings and talk-backs, and convening a BIPOC Community of Practice—is built to impact our core mission: creating a healthy, thriving community. By aligning our education and policies, we are working to reduce substance use disorders, ease anxiety and stress, and improve the overall physical and mental health of our neighbors. As we enter our first full year with a written strategy, we are finally moving toward the sustainable change Flint and Genesee County deserve.

## Healing Systems: Community Insights to Transform Health Solutions for Youth in Foster Care

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This poster will showcase an evidence-based, community-informed initiative focused on improving healthcare access and care coordination for youth in foster care through an Adverse Childhood Experiences (ACE)-informed lens. Youth in foster care experience high rates of chronic health conditions, mental health needs, and trauma exposure, yet face significant barriers to receiving timely, trauma-informed, and coordinated care. These challenges are compounded by fragmented systems, limited information sharing, and inequities in access to integrated services. Using a mixed-methods approach, this project incorporated literature and policy reviews, stakeholder surveys, and focus groups with foster parents, youth, families of origin, and professionals. Findings revealed that caregivers and youth experience substantially greater barriers to accessing physical and mental healthcare compared to professionals, including difficulty navigating multiple systems, lack of trauma-informed and culturally responsive services, and inconsistent access to medical records. In contrast, access to integrated care models and improved information sharing were associated with higher caregiver satisfaction and confidence.

The poster will highlight key findings from the community assessment and policy analysis, as well as actionable, system-level recommendations. These include strengthening interprofessional collaboration, standardizing care coordination processes, expanding integrated behavioral health services, and improving communication across systems. Grounded in ACE-informed care and aligned with national health policy priorities, this project emphasizes the critical role of nurses and pediatric-focused nurse practitioners as leaders and advocates. It demonstrates how evidence-based, community-engaged approaches can inform policy, reduce fragmentation, and advance equitable, trauma-informed care for youth in foster care and their families.

## Foundations of Behavioral Health

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Born out of a MiCOACH program, funded through an HRSA grant with the Department of Labor and Economic Opportunity, the Michigan Community Health Worker Alliance (MiCHWA) created the Foundations of Behavioral Health (FBH) Micro-Credential. The course is a 64-hour specialty training program built on the National C3 Core Competencies to be completed following MiCHWA’s CHW Certification. This Micro-Credential is designed to be stackable, trauma-informed, and evidence-based.

## Prevention Pays, Mitigation Matters: Pediatric Primary Care as Michigan's High-ROI Hub for ACE Action

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In Michigan, 63% of high school students report at least one Adverse Childhood Experience (ACE). A 2026 Michigan community case study estimates that reducing the state's ACE burden by just one point (e.g., from 4 to 3) would generate \$128.9 million in net annual health-care savings (\$55.8M–\$202.1M), even after accounting for the costs of three evidence-based prevention strategies: home visiting (Nurse-Family Partnership), newborn crying education (Period of PURPLE Crying), and pediatric primary care prevention through Safe Environment for Every Kid (SEEK). These findings carry a clear message for MI ACE partners: early, upstream prevention, particularly from the prenatal period through age five, yields the highest return on investment, and pediatric primary care is a uniquely high-leverage platform because it can normalize prevention within routine care and activate proven, low-cost models such as SEEK (estimated at approximately \$4 per child beyond standard pediatric services). This poster translates this return-on-investment evidence into a practice-ready "Prevent + Mitigate" roadmap for Michigan pediatric and family medicine settings. The prevention tier emphasizes structured referral pathways to home visiting and caregiver education, paired with strengths-based conversations that promote Positive Childhood Experiences (PCEs). The mitigation tier (school-age through adolescence) focuses on trauma-informed identification, workforce training, and rapid warm handoffs to evidence-based services. Emerging economic evaluations suggest that trauma-focused treatments for youth (e.g., TF-CBT) can be cost-effective and may reduce reliance on restrictive, high-cost systems when trauma is identified and addressed early.

## Champions for Change: Empowering Faith-Based Organizations to Address Substance Misuse Stigma in Lansing

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The Lansing Faith-Based Harm Reduction Network will partner with ecumenical and religious organizations within the city of Lansing to equip faith leaders with tools to provide comprehensive training about substance misuse and associated stigma. Network participants will complete naloxone (commonly known as Narcan) and fentanyl strip testing training, as well as learn about associated stigma surrounding substance misuse and people who use drugs. Participants will develop a program to address substance use or support for individuals impacted by substance use within their faith-based community. Upon completion of the program, participating organizations will receive a grant of \$2,500 to provide financial support for their work. The development of this faith-based program creates a network of harm reduction leaders for their faith-based communities and the greater Lansing population.

## When Trauma Differs: Caregiver Stress, Anxiety, and Depression in Response to Medical vs. Nonmedical Trauma in Children with Genetic Conditions

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Chronic medical conditions (CMC) can be understood as chronic stressors that impact the entire family's functioning and wellbeing, similar to the impact of other types of trauma and adversity. In addition, caregivers of children with CMCs report significantly greater amounts of parenting stress in comparison to caregivers of children without CMCs. Among CMCs, children with genetic conditions (i.e., conditions caused by alterations in genetic material) face additional vulnerability to traumatic experiences, both in and out of the healthcare system. However, there is limited information regarding the different types of traumatic experiences that children with genetic conditions face and the differential impact these have on their caregivers. This poster will present preliminary findings from a research study that explores the types of traumatic experiences children with genetic conditions face and the psychological strain it leaves on their caregivers. Frequency statistics will be conducted to assess the number of caregivers who report their child experiencing traumatic experiences, both medical and nonmedical. Pearson correlations, linear regressions, and effect sizes will be calculated to assess the strength and relationship between trauma (medical and nonmedical) and psychological strain (stress, anxiety, and depression) on a caregiver. The findings of this poster will reveal insight into the hardship caregivers of children with genetic conditions face and may inform future interventions.

## The Parenting Well Way

Shearese Stapleton, MAC Trainer, Trauma-Informed Parenting Coach, Community Health Worker  
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The Parenting Well Way™ is intentionally designed to both prevent Adverse Childhood Experiences (ACEs) and increase Positive Childhood Experiences (PCEs) by strengthening the parent-child relationship at its core. Research shows that while ACEs increase the risk of long-term health and behavioral challenges, PCEs—such as feeling safe, supported, and connected—can buffer and even offset those risks. This is where The Parenting Well Way™ does its transformative work, with Community Health Workers (CHWs) playing a vital role in bringing these principles to life within families and communities. Through a trauma-informed lens, the program helps parents understand that children's behaviors are often rooted in stress, overwhelm, or unmet needs—not defiance. By teaching emotional regulation, co-regulation, and responsive parenting, caregivers learn how to reduce harmful patterns such as harsh discipline, chronic stress in the home, and emotional disconnection—all of which are linked to ACEs. CHWs reinforce this learning by serving as trusted guides, providing ongoing support, modeling skills, and helping parents apply

these strategies in real-life situations through coaching, follow-up, and encouragement. At the same time, The Parenting Well Way™ actively builds PCEs by equipping families to create safe, stable, and nurturing environments. Parents are guided to increase moments of connection, affirmation, and consistency—helping children feel seen, heard, and valued. CHWs strengthen this process by connecting families to resources, addressing social determinants of health, and ensuring that barriers such as housing instability, access to care, or economic stress do not hinder a family's ability to sustain positive change. By integrating the CDC's Positive Parenting framework, the HOPE (Healthy Outcomes from Positive Experiences) model, Love and Logic principles, and the core roles of CHWs—including advocacy, care coordination, and health education—the curriculum provides practical, evidence-informed strategies that shift families from survival to stability—and from stability to thriving. At its heart, The Parenting Well Way™ doesn't just address behavior—it changes environments, strengthens relationships, and interrupts generational cycles. With CHWs embedded throughout the process, families receive continuous, culturally responsive, and relationship-centered support, ensuring that children grow up with more positive experiences than adverse ones.

## A Comparative Scoping Review of Implementation Characteristics of Trauma and ACEs Screenings in Pediatric Primary Care: Utilization of the RE-AIM Framework

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Childhood trauma and adverse childhood experiences (ACEs) have been linked to a variety of negative health outcomes (Kerker et al., 2015; SAMHSA, 2024), thus heightening the need for detection (i.e., screening) and intervention protocols in pediatric primary care settings. Though ACEs screening may show more limitations in clinical utility—assessing only the amount of exposures—trauma screening aims to assess both exposure and psychosocial symptoms to inform intervention (Austin et al., 2024). Implementation science frameworks, such as the RE-AIM framework, can be imperative to examine protocol uptake and quality, focusing on reach, effectiveness, adoption, implementation, and maintenance of health programs in applied settings (Glasgow et al., 1999). The current scoping review compares the literature on the implementation of trauma- and ACEs-screening protocols in pediatric primary care. A systematic search was conducted across SCOPUS, PubMed, and PsycINFO databases, yielding 12,167 non-duplicative titles. Following title/abstract and full-text screening, data were extracted utilizing the RE-AIM literature coding framework (RE-AIM, 2016). Of the 23 articles (5 trauma-screening and 18 ACE-screening) that met the inclusion criteria, preliminary findings identified an overall lack of alignment with the RE-AIM framework; data were skewed toward reach and implementation, with reporting discrepancies on other characteristics, such as effectiveness and maintenance.

This suggests strong screening feasibility, but represents a failure in documenting longitudinal care. Future research on ACE and trauma screenings should prioritize quality of implementation, with an emphasis on improving psychosocial outcomes and sustaining protocol impact.

## Discover You™ Theory of Change: Building Assets and Relationships to Mitigate the Effects of Adverse Childhood Experiences

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Discover You™ is an evidence-informed intervention model grounded in decades of positive youth development research. The model positions supportive, consistent relationships and asset-building experiences as key mediating mechanisms through which youth exposed to Adverse Childhood Experiences can achieve improved developmental trajectories. Rather than emphasizing risk remediation alone, Discover You™ targets the intentional development of internal and external Developmental Assets and Developmental Relationships as proximal predictors of resilience and adaptive functioning. The Discover You™ logic model applies this theory through aligned inputs, activities, outputs, outcomes, and long-term community impacts. Core inputs include evidence- curriculum, training and learning infrastructure, and partnerships with schools and out-of-school-time organizations. Activities focus on curriculum delivery, coach certification, adult learning, and reflective practice. Outputs emphasize the number of interactions through program delivery. Short-term outcomes are assessed via validated Developmental Asset and Developmental Relationships measures as well as qualitative participant feedback, capturing changes in relational quality and skill acquisition. The model hypothesizes that sustained improvements in these proximal outcomes contribute to distal, population-level impacts, including increased academic engagement, reduced risk behaviors, improved postsecondary enrollment, and enhanced civic participation. The Discover You™ Theory of Change and logic model provide a coherent, scalable framework for translating developmental research into practice, emphasizing relationships as a primary intervention for mitigating the long-term effects of Adverse Childhood Experiences.

# CE info

2026 MIACE Conference Context & Connection: Reframing Childhood Adversity  
Thursday, May 21, 2026 | 9:00am – 3:30pm EST  
The Kirkhof College of Nursing, Grand Rapids, MI

**This activity offers maximum educational hours of:**

- 5.25 AMA PRA Category 1 Credits™ for **PHYSICIANS & OTHER HEALTHCARE PROFESSIONALS**
- 3.50 clock hours for **SOCIAL WORKERS**
- 5.25 MCBAP Related hours for all content, except for "Data to Action," which is approved for 1.5 MCBAP Specific hours.
- 5.25 Community Health Worker CEUs
- 4.75 SCECH CEUs
- 5.25 educational hours for **OTHER Healthcare Professionals** (Certificate of Completion)

**FOR REPORTING PURPOSES: RETAIN THIS DOCUMENT AND THE AGENDA TO CONFIRM AVAILABLE HOURS**

**IMPORTANT REQUIREMENTS FOR CONTINUING EDUCATION OPPORTUNITIES**

- Participants requesting credit must be registered for the event and have verified attendance.
- Participants must attend the entire activity to receive continuing education.
- **TO RECEIVE CE/CME HOURS OR A CERTIFICATE OF ATTENDANCE, YOU MUST COMPLETE THE EVALUATION!** Use this evaluation link (<https://redcap.link/9aihvf4>), or the QR code to the right.
- Certificates will be sent within four weeks after completion of the evaluation. Participants requesting SCECH credits will use the QR code at the bottom of the page to download the SCECH certificate.
- We do not keep an archive of past certificates, so please retain a copy for your records.



**PLEASE NOTE: CREDIT WILL NOT BE AWARDED UNLESS ALL CRITERIA IS MET**  
Email [astagg@mphi.org](mailto:astagg@mphi.org) with questions. Include your activity name and date with your request.

**DISCLOSURES:**

All presenters and planning committee members have completed a Financial Disclosures document that includes an explanation of Relevant Financial Relationships. Based on these forms, none of the planning committee members or presenters have relevant financial relations with ineligible companies to disclose.

**AVAILABLE CONTINUING EDUCATION:**

**Minnesota Medical Association CME Joint Sponsorship**

- CME Statement: The Minnesota Medical Association designates this activity for a maximum of 5.25 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- Disclosure to learners: None of the planners for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
- Accreditation Statement: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Minnesota Medical Association and MPHI. The Minnesota Medical Association (MMA) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**Social Work CE**

This training/event has been approved by the NASW-Michigan Chapter for up to 3.5 synchronous General social work CEs: Approval Number 20260521-CA-MPHI-02.

**Community Health Worker CE**

This training/event has been approved by MiCHWA for a maximum of 5.25 CEUs.

**Michigan Certification Board for Addiction Professionals**

This training is approved for 5.25 MCBAP-related hours for all content, except for "Data to Action," which is approved for 1.5 MCBAP-specific hours.

**State Continuing Education Clock Hours (SCECH) CE**

This training/event has been approved for 4.75 SCECH. Michigan Education Association (MEA), an approved provider by MDE is sponsoring the SCECH.

The content complies with the standards for continuing education approval. The information presented reflects the views of the presenters and not that of MPHI. All participants have been provided with a copy of the event's purpose statement, event goals, event objectives, session descriptions, session goals, session objectives, and disclosure statements prior to the start of this event.

**SCECH Request Form**



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