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Robert Wood Johnson Foundation

**THE
National
Collaborative
ON
Adversity
AND
Resilience**

EXECUTIVE SUMMARY

Proceedings Of the National Collaborative on Adversity and Resilience (NCAR)



In 1998, the Centers for Disease Control published a study showing that adverse childhood experiences (ACEs)—living with an alcoholic parent, for example, or suffering physical abuse—were both common and corrosive to long-term health. Since then, biomedical research has begun to illuminate exactly how such early trauma can last a lifetime, shaping the way children and adults learn, play and grow.

We know now that traumatic experiences leave tracks in the developing brain, flood the body with stress hormones, hike the risk of engaging in unhealthy behaviors and raise our vulnerability to a host of physical and mental ailments. Toxic stress creeps under our skin, compromising our immune systems and even changing the expression of our genes.

Emerging neuroscience has also yielded some good news: ACEs are not destiny. If the human brain can be hurt, it can

also be healed. And it is up to all of us to aid in that healing, creating communities in which everyone can thrive.

In December 2013, thirty-five national leaders in ACEs research, policy and practice came together at the Robert Wood Johnson Foundation in Princeton, New Jersey, for a retreat co-hosted by the Institute for Safe Families. This group, the National Collaborative on Adversity and Resilience (NCAR), met to advance a call to action issued at the National Summit on ACEs earlier that year.

Over the course of two days, through vigorous conversation, small-group work, panel discussions and thought-provoking presentations, NCAR participants clarified their mission: to fuel the collective impact of people and organizations committed to preventing childhood trauma and creating a just, healthy and resilient world.

That effort is already under way; from Walla Walla, Washington to Tarpon Springs, Florida, communities are changing the way they think about health and illness, human suffering and strength. Trauma-informed schools are noting a decline in suspension rates and violence; health clinics are weaving behavioral health, mindfulness and creative arts therapies into the delivery of primary care. People are learning to ask not “What’s wrong with you?” a question freighted with judgment, but “What happened to you?” a question that invites dialogue, reflection and healing.

NCAR participants cheered those successes while mapping out the next phase of a national movement on ACEs and resilience. The group agreed to be guided by principles including equity, inclusivity and a broad definition of wellness that encompasses physical, mental, emotional and spiritual well-being.

NCAR Strategic Goals

1. Create a common language informed by robust data and brought to life by compelling stories of healing and recovery. Use key messages to inform and inspire policymakers, practitioners, funders, the private sector, the media and the public.
2. Educate leaders, policy-makers and the public about ACEs, brain development and effective interventions, including the paradigm shift from asking “What’s wrong with you?” to “What happened to you?”
3. Identify, promote and bring to scale research-informed, community-driven and cost-effective trauma and adversity prevention and recovery strategies, services and programs.
4. Engage elected and appointed officials, private sector leaders and other influencers as champions for health, educational, economic and related policy changes that improve community resilience, health equity and social justice.
5. Increase and leverage public and private funding for translational research, strategic collaboration, professional training, communication and the development of standards for trauma-informed services, organizations and communities.
6. Develop strong and adaptive leadership among members and allied organizations, coalitions and movements that share our commitment to a more just, healthy and resilient world.



NCAR Action Steps

1. Establish a fluid, inclusive and forward-looking organizational structure modeled on best practices for collective action.
2. Leverage existing Internet and social media platforms and networks for sustained dialogue, decision-making, research and information-sharing.
3. Design shared measures of success to evaluate our progress and be accountable to our members and supporters.
4. Convene regularly to take collective action, widen our spheres of influence and advance our purpose and goals.
5. Secure funding to nurture and sustain our work.

Join The Movement!

To learn more and to contribute your ideas and experience to the NCAR movement, please go to:

www.ACEsConnection.com to connect online or email NCAR@healthfederation.org

The NCAR programming is now housed at the Health Federation of Philadelphia

“ACE studies are as revolutionary as germ theory was for the 19th century.”

Sandra L. Bloom, MD



Foreword

Fifteen years ago, a Centers for Disease Control study began to change the way we think about health and illness, human suffering and strength. The Adverse Childhood Experiences (ACE) Study, published in 1998, showed that childhood adversity—experiences such as living with an alcoholic parent or suffering physical abuse—changes the way children learn, play and grow.

Since then, biomedical research has shown how early trauma can last a lifetime: it leaves tracks in the brain, floods the body with stress hormones, hikes the risk of engaging in unhealthy behaviors and boosts our vulnerability to heart disease, depression, diabetes and other physical and mental health problems. Stress literally creeps under the skin, compromising our immune systems and even altering the expression of our genes.

Emerging neuroscience has also affirmed some good news: ACEs are not destiny. If the human brain can be hurt, it can also be healed. And it is up to all of us—practitioners and policy-makers,

educators and activists, neighbors and parents—to create communities in which everyone can thrive.

The following are proceedings from a two-day retreat of the National Collaborative on Adversity and Resilience (NCAR), a group of leaders in ACEs research, policy and practice who came together in December 2013. They met to advance the call to action championed at the National Summit on Adverse Childhood Experiences earlier that year. Both gatherings were co-hosted by the Institute for Safe Families (ISF) and the Robert Wood Johnson Foundation (RWJF).

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* Institute for Safe Families programming is now housed at the Health Federation of Philadelphia, effective February 2014.



INTRODUCTORY REMARKS

Angelo Giardino, MD, PhD, MPH



We are here today because, fifteen or so years ago, visionary leaders, public health professionals and clinicians did courageous and cutting-edge work around adversity and its far-reaching impact on children and families. From this foundation, scores of others took up the cause and extended the science, applied the principles, developed best practices and engaged communities to mitigate adversity and promote resilience in day-to-day service delivery. Now we have a tremendous opportunity to build on that great work and create momentum to go even further toward the goal of universal wellness and resilience.

A relay race is a useful metaphor for what we are doing. The visionaries and innovators carried us through the first leg of the race. They got us started with the 1998 Adverse Childhood Experiences (ACE) Study and positioned us well on the racetrack. The baton then got passed to early adopters—national, regional and local leaders who realized the transformational power of the original ACEs work and extended the scientific inquiry, applied the principles in their own sectors (including education, health, human services and juvenile justice) and catalyzed community efforts to be “ACE-informed.” This group of runners often had to convince skeptical colleagues; they moved beyond sound bites and “elevator speeches,” instead sharing solid data, rigorous demonstration projects and well-documented best practices.

Now we are the runners to whom the baton is being passed. In each of our realms, we need to build on the work that the first and second waves of runners have challenged us to advance. On one hand, we are fortunate, since the innovators and early adopters have carried us far down the track. On the other hand, we have a difficult task ahead, since we carry the baton that requires us to confront organizational inertia and challenge conventional wisdom that tends to blame victims rather than empower survivors. The third leg of this race beckons us with possibility. On the positive side, we have a solid scientific base, successful community demonstration projects and

even some return-on-investment calculations showing that preventing and mitigating ACEs saves money in the long run. But we could still drop the baton; great science does not guarantee transformative action. So, what must we do to succeed? We need to grab the baton and accept our role in the relay; we need to be both strategic and interdependent.

We need strategy to reach key decision-makers and community leaders, persuading them that the promise of ACEs work is real and can change the lives of children, adults and families from coast to coast. We need to be well-versed in the science, familiar with best practices and ready to inspire those around us to create a world that is more productive, safe, healthy and equitable. At the same time, we must remember that we cannot do this work alone, nor can we change paradigms and entrenched service delivery models by the power of our oratory or our sheer will. Instead, we need to connect. We need to recognize and stay in touch with the other runners in this race so that we learn of emerging innovations that can be implemented in the systems and sectors where we live and work. We need to stay connected so that we can support each other.

The third leg of the race can be a lonely and arduous run. But, the technology now available can ease our steps. We need to take full advantage of today’s vehicles for collaboration and communication—social media, instant mes-

saging, and the vast resources of the Web—to build a “virtual community” of ACE-informed runners and advance this vital work.

Ultimately, our job is to extend the reach and depth of ACEs work, then pass the baton. We need to ensure that the next wave of practitioners sees ACE science as a foundation that guides all our professional disciplines so they can work toward the full translation of that science into policy, education and practice. That is a big vision. Our job is to pre-

pare for a successful handoff. That means clarifying what we know, what we need to learn and how to turn our knowledge into concrete action. We need to keep our eyes on the true aim of this race, a collective push to mitigate pain and suffering in our communities and to create a world in which people help one another to thrive. Each of us, every day, can take a step closer to that goal. It’s a race well worth running.



CHANGE THAT ROCKS THE WORLD

Sandra Bloom, MD



Understanding trauma is about changing the way you view the world.

Sandra Bloom, MD

First came the bad news.

Sandra Bloom, co-director of the Center for Nonviolence and Social Justice at Drexel University's School of Public Health, flashed a slide that showed a cartoon cave-person shouldering a wooden club and staring at the blue glow of a laptop screen; in the background loomed the dark hulks of skyscrapers. The image captured Bloom's urgent point: human beings bring age-old traumas and behaviors into our modern-day lives, and we will continue to do so unless we are willing to acknowledge those traumas and embrace new ways of thinking and acting.

In a keynote presentation, Bloom spoke of the toxic legacy created by war, oppression and dislocation, particularly in a country built by immigrants. "We all have histories of disrupted attachments," she said. "We all got here by leaving home."

She talked about the "disaster" of contemporary parenting, in which many

kids have just one attentive adult in their lives instead of the large kin groups that, historically, shared the work of raising children.

She noted the potent factor of fear, which limits individual and organizational change. "We are tuned toward survival," she said, as slides showed animated cave-people warding off predators. "That means fear impacts us enormously." Because of fear, Bloom said, people tend to repeat the solutions they've used in the past, even when it is clear those solutions no longer work. We act reflexively with retaliation and punishment, instead of with forgiveness and reconciliation. The organizations designed to ameliorate suffering are themselves traumatized, lurching from crisis to crisis; the social safety net is badly frayed.

And then came the good news: an understanding of ACEs unlocks the door to change.

Bloom pointed out that the central concept of ACEs—that the trauma children

suffer will affect them and the world they create—is not new. What is new is the science that now illuminates how that happens—how trauma becomes embedded in biology, how environment and experience re-wire our brains, change our response to stress, increase our susceptibility to disease and alter our gene expression through a process called epigenetics.

“ACE studies are as revolutionary as germ theory was for the 19th century,” Bloom said. “They tell us what is causing the effects we are seeing.”

Being ACE-informed means shifting the relevant question from “What’s wrong with you?” to “What happened to you?” a question that carries empathy and curiosity rather than distance and judgment. “What happened to you?” suggests that unhealthy behavior has deep and complex roots. Asking “What happened to you?” opens the door to dialogue, reflection and, eventually, healing.

But asking that question, Bloom said, means challenging our most deeply held assumptions about how human beings and human-created systems work. Dismantling those mental models is difficult, she said, because they are largely unconscious; mental models help our brains to quickly organize information, and they inform much of what we feel, think and do. Change inevitably means loss, and that is another reason why people resist it, Bloom said.

Today, she noted, individuals and institutions are often driven by the quest

for money, power or fame. Imagine, she said, a society powered by love, safety, knowledge, trust, healing, freedom, curiosity, participation, connection, fulfillment and meaning, values that are “consistent with keeping children, families and communities alive.”

In framing the message about ACEs to practitioners and the public, Bloom urged NCAR participants to acknowledge both the truth of adversity and the real possibility of healing. “That’s a challenge: how do we stay with the optimism and hope without forgetting the pain and the suffering?” It’s tempting, she said, to gloss over the “big national traumas” of racism, homophobia or the oppression of native people. But only by candidly confronting those traumas and their haunting effects can we heal and move ahead.

“We can’t make transformation happen,” she said. “But we can remove obstacles and create the context for transformative change” in individuals, families, communities and social systems.

In the end, it is up to all of us to determine whether tomorrow’s news is bad or good. Bloom posted a slide of humanity in the balance: a figure leaping across a chasm between a cliff marked “past” and one labeled “future.”

“Understanding trauma is not just about acquiring knowledge,” she said. “It’s about changing the way you view the world.”

We can't make transformation happen, but we can remove obstacles and create the context for transformative change.



TELLING STORIES FOR IMPACT

James Redford &
David Bornstein



“How do I make the average person care about any of this?”

James Redford

James Redford uses images and words to make people care.

His film, “Toxic Hot Seat,” which premiered on HBO in November 2013, exposed the hazards of flame-retardants, commonly used in furniture and children’s clothing, and prompted changes in the use and regulation of those chemicals. His feature, “The Big Picture: Rethinking Dyslexia,” was meant to be a “salve,” he said, for individuals and families who felt they were struggling alone with this common disability.

Now Redford, a documentary filmmaker, is turning his camera on ACEs with two different projects. One film will focus on Lincoln High School, an alternative school in Washington State that uses trauma-informed practices; suspensions and violence at the school have dropped as a result. A second film, more issue-

driven, will examine the national movement on ACEs and resilience.

No matter what the topic, Redford said, his goal is the same: “How do I take complex ideas and distill them down to what’s emotionally relevant?”

In a panel, Redford and New York Times journalist David Bornstein discussed “Stories that Matter”—how to shape stories that touch both the head and the heart, stories that inform, engage and inspire readers and viewers to action.

Bornstein, who co-authors the Times’ “Fixes” column on social innovation, said that traditional journalistic approaches sometimes run counter to social change by dulling readers’ empathy, narrowing their focus or increasing their sense of helplessness in the face of seemingly intractable problems.

What works better, he said, is journalism that builds empathy and effi-

cacy through a close examination of what works, unpacking successful efforts as “how-done-its” that leave readers with specific ways to get involved.

While learning about what some schools are doing to help students manage their emotions, Bornstein said, three different kindergarten teachers told him about using bubbles in the classroom to help children calm themselves and practice mindful breathing. That simple detail, captured in a story, could help other educators who are looking for solutions.

He advised taking a counter-intuitive approach to data. Instead of focusing on the worst-case scenario—the highest-crime neighborhood in the city, or the school with the most abysmal test scores—look instead at the school that should have a high drop-out rate but doesn’t, or on the police district that has managed to reduce crime. “Look at what’s working,” he said. “Let ideas be the heroes of the story.”

An effective story, Bornstein said, speaks to people’s “aspirational pathways”—that is, their desire to be better parents, pediatricians, teachers or neighbors. It piques their curiosity, inviting them to wonder about their own and others’ lives. And it gives them a channel for

action—a way to respond through comments, questions, changes in behavior or contributions of time or money.

A story—whether told through print formats or newer forms like YouTube videos—can be an alarm bell, spurring people to make change, Redford said. It can be a balm, letting people know they are not alone. It can be a “stealth message,” challenging assumptions and conveying facts through a compelling, emotional narrative. But the creator’s impulse is the same. “It’s the sense that ‘people have to know about this,’” he said.

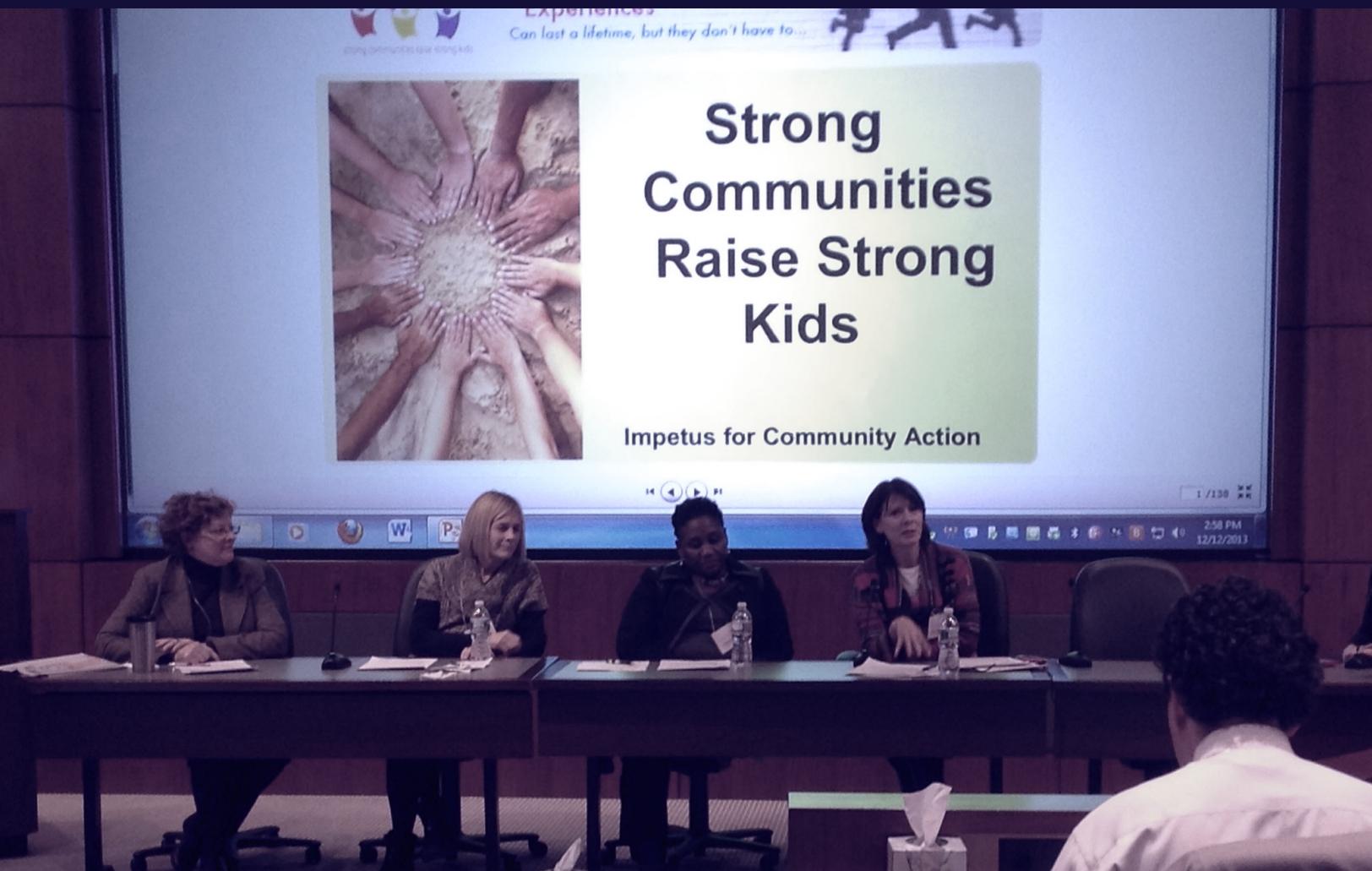
In shaping the narrative of ACEs and resilience, story-makers must be sensitive to people who are already coping with trauma. Redford said he has left some footage from Lincoln High School on the cutting-room floor because it was too exposing of the teens involved. And Bornstein said his bottom-line rule is the same one that should be employed by anyone working with human beings, especially those who are vulnerable. “You need to establish trust,” he said. “You need to show that your oath is ‘Do no harm.’”

An effective story speaks
to people's "aspirational
pathways"



CHANGE IN FOUR CORNERS OF THE COUNTRY:

ACEs and Action in Maine, Washington, Arizona and Philadelphia



“I look around the room and feel like each one of us has a different piece of the puzzle covered.”

Nadine Burke Harris, MD, MPH

In Maine, Sue Mackey Andrews will talk to anyone about ACEs, even a gruff school bus driver who believes resilience has nothing to do with his work. But, this driver told Andrews and a group of school administrators, nurses and teachers at a half-day ACEs Summit in northern Maine, he had a rule: He would not start the bus until he had greeted and made eye contact with every child.

Part of Andrews’ mission as co-facilitator of the Maine Resilience Building Network (MRBN) is to foster such conversations, “to help people realize and name what they’re already doing to boost resilience.”

In a talk show-style panel, Andrews shared the stage with innovators from Arizona, Philadelphia and Walla Walla, Washington. Jane Stevens, creator of www.ACEsConnection.com, questioned them about the triumphs and challenges

of their efforts to combat ACEs where they live.

In Maine, with its sprawling geography and relatively small population (1.3 million), the goal is to “create community conversations” about ACEs in arenas including health care, education, early childhood care and development, behavioral health, faith-based services and business, Andrews said. What has helped MRBN grow from just eight members at the start to 77 members today, with reach into nearly all of the state’s sixteen counties, is support from both government and a private foundation, along with a “collective impact” framework, based on the idea that no one agency or program can solve a problem, but each can advance the shared mission.

“We decided to focus on children from pre-natal to age five, because that’s where we felt we could have the biggest

impact,” Andrews said. “The challenge, as these sites grow, is to make sure they have the technical assistance and resources to guide their initiatives.”

Teri Barila, coordinator of the Children’s Resilience Initiative in Walla Walla, Washington, recalled her own “light bulb” moment. It happened during a 2008 visit to the state by Robert Anda, co-principal investigator of the ACE study that had been published ten years earlier.

A woman Barila knew—she’d provided home care to Barila’s own mother—stood up in front of 165 professionals and told her story: a scrambled childhood that included neglect, abuse and family dysfunction. “For the first time in my life,” the woman said, “I realize I’m not the bad parent I was told I was.” At that moment, Barila said, she realized the impact that knowledge of ACEs could have on individuals and families.

The Children’s Resilience Initiative (CRI) serves a community that is rural, agricultural and conservative, cut off by geography from the state’s urban centers. In Walla Walla, one in four children lives in poverty.

Barila said CRI grew from a direct challenge by Anda: “Go home,” he said, “and create a grassroots movement.” With initial funding from a local foundation—and, later, from the Bill & Melinda Gates Foundation—CRI launched in 2010. Today it spans sectors including education, health, social services, law

enforcement, business, parents and the court system.

Finding local leaders was key, Barila said—“finding a champion in each of our major sectors who said, ‘I want to do this with you.’”

Not everyone has been eager to embrace the ACEs message. Child protective service workers, for instance, found that ACEs theory trampled what they had been taught—chiefly, that parents must be punished when they hurt their children.

In addition to securing funding, an ongoing challenge, CRI would like to see the science of ACEs and resilience woven into policy and staff evaluations in all sectors. Meantime, the light bulbs keep popping. Barila recalled a guard in the Washington state penitentiary who said ruefully, “I have six ACEs. I’m on my fourth marriage. If I’d known about this, I might not have had marriages two, three and four.”

“Over and over, people say thank you for this information.”

In Arizona, the ACE Consortium demonstrates what is possible when you begin with no resources and a huge disappointment—a million-dollar grant that was turned down. But making do with less was a familiar concept to Marcia Stanton, founder and facilitator of the Arizona ACE Consortium; she is one of nine children, raised to prize resourcefulness. “The concept I buy into is gentle

Over and over, people say thank you for this information.





persuasion relentlessly applied,” she told the NCAR audience.

That persuasion has resulted, seven years after the first visit to Arizona by Vincent Felitti, co-principal investigator of the ACE study, in a network of more than 200 members. The Arizona ACE Consortium has led “train the trainer” workshops for 400 people, produced a public television call-in special titled “Ask an Arizona Child Trauma Expert” and developed a tool kit for communities.

Their slogan: Strong Communities Raise Strong Kids. Their wish list: more money for staffing, communication and continuing education for trainers.

Stanton noted that it took time for the ACE Consortium to establish credibility. “Now we have a committed group of people. Those [400 trained] ambassadors are working in their communities. But we see that they need a lot more support. We

need to expand the resources...there are kids and families that are suffering. We have to accelerate the pace of this work.”

Roberta Waite let the patients speak for themselves. In a short video made about Philadelphia’s 11th Street Family Health Center, where Waite is Assistant Dean of Academic Integration and Evaluation of Community Programs, people called the center “magic” and said its absence would devastate the neighborhood. One young woman praised the pre-natal care and support that resulted in a healthy baby. “This health center got me through,” she said.

The center, established in 2002, uses a team approach that fosters well-being across the life course: patients at 11th Street can receive primary care, dental care and behavioral health counseling on-site; they also participate in movement, music and art therapy programs,

pre-natal and parenting groups, nutrition and smoking-cessation programs.

Staff members of this nurse-managed center also pay serious attention to their own health, trauma and resilience. The 11th Street Center recently began the process of becoming a Sanctuary Model organization, a three-year undertaking that involves everyone in the building, from physicians to security guards.

“We wanted to formally learn about trauma-informed care from an organizational standpoint,” Waite said. As they plunged into the Sanctuary process, they bumped into underlying issues of power, race, access and democracy. “That’s the elephant in the room,” Waite said. “We thought this had to be a core component of our training: Does everyone have a voice at the table?”

A vigorous question-and-answer session made it clear that, where ACEs and resilience are concerned, in Stanton’s words: “We’re making it up as we go.” All four panelists said their organizations are grappling with issues including:

- **What structures help move a group from a “coalition of the willing” to something more formal?**
- **What are the best ways to secure stable funding? What role should local and state governments play?**
- **How important is it to have a “backbone” organization that brings other groups together without being a competitor for resources?**
- **How can efforts to mitigate ACEs and build resilience focus on long-term change when funders want to see immediate results?**

“The scope of the work is so large, and yet, I’m an optimist,” said Nadine Burke Harris, founder and CEO of San Francisco’s Youth Wellness Center. “I look around the room and feel like each one of us has a different piece of the puzzle covered. I feel a tremendous level of excitement and promise.”

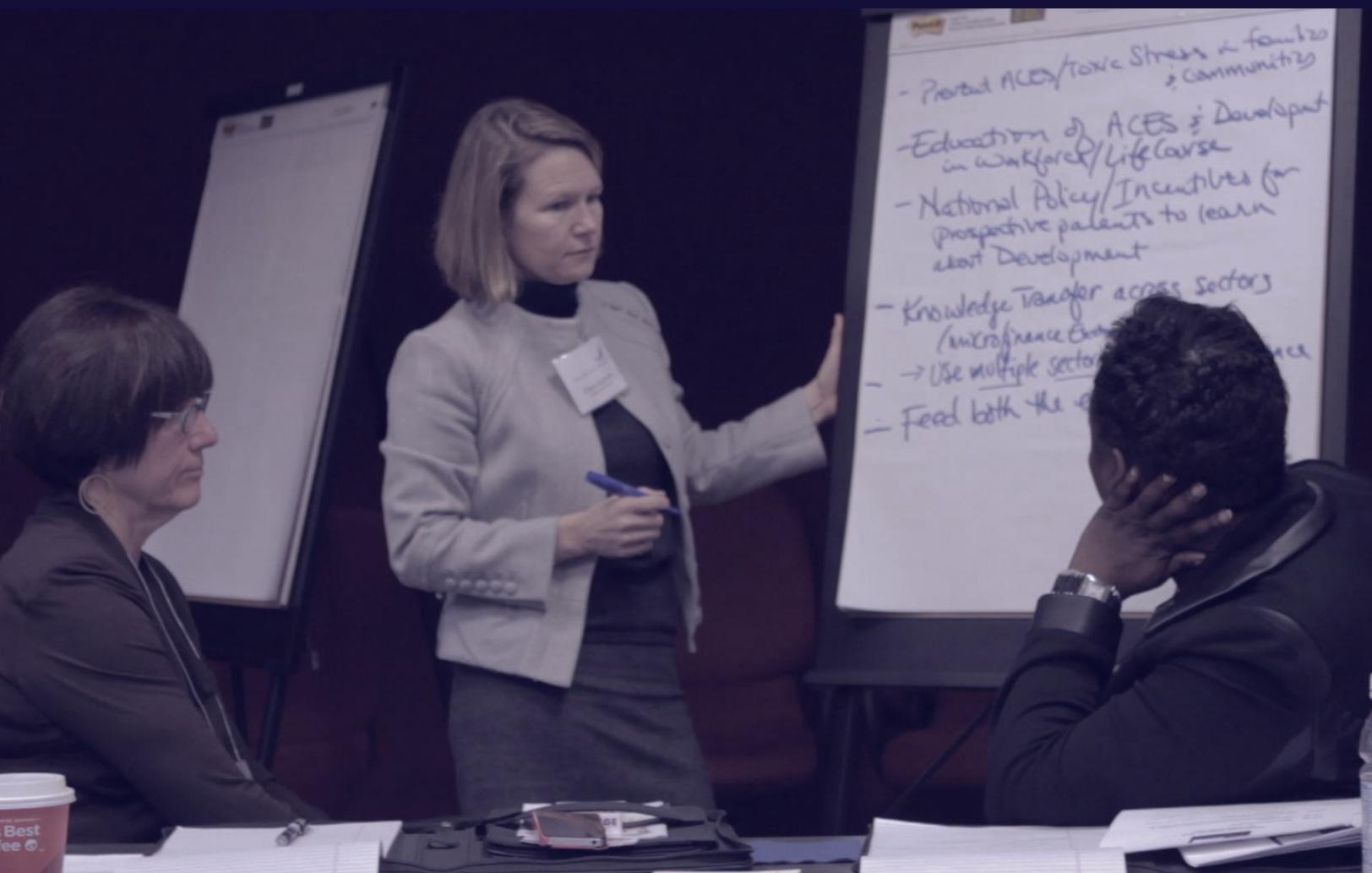


GET CONNECTED:

ACEs and the Socialstructured World

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www.janeellenstevens.com/network_transitions.html



“This is the distribution network we’ve talked about. The opportunities are extraordinary.”

Linda Chamberlain, PhD, MPH

New technologies call for new language. Think: laptop. Think: e-mail. Think: bitcoin. And welcome to the socialstructured world.

Jane Stevens, journalist and co-founder of ACEsConnection.com, painted the picture of a network co-created by all participants, a virtual web in which information and value flow in many directions at once rather than from a single hub. On a slide shown at the meeting, this network resembles a connect-the-dots game gone wild, with many nodes and multiple, criss-crossing links. In action, it works to de-centralize information, allowing anyone to contribute knowledge, experience, questions and leadership.

Stevens cited *The Nature of the Future: Dispatches from the Socialstructured World*, by Marina Gorbis, as her touchstone. ACEsConnection is a perfect example. The site, launched in 2012, is a social network

for people implementing (or thinking of implementing) ACE-informed practices in their communities.

Rather than being driven by a large institution (a corporation, a foundation, a government agency), this network’s members include social workers, educators, health professionals and parents. Community managers monitor the site, sharing relevant news, posting blogs and connecting members with one another. “All of us are contributing and creating new nodes in the network,” Stevens said.

In the socialstructured world, participation is broad (ACEsConnection grows weekly, with 2,200 members at a recent count). The network gives every member access to the best information, and to a virtual learning community.

But the socialstructured model can happen in real time, too, like when the vice-mayor of Tarpon Springs, Florida, who envi-

sioned an ACE-informed town, held monthly meetings that were open to anyone. “Often you will get energy and dedication in that way,” Stevens said. “You have to be open to being messy, open to unpredictability.”

She named socialstructured worlds that have become familiar places—Facebook, Twitter and Wikipedia—along with sites such as GalaxyZoo.org (an interactive project allowing users to participate in large-scale galaxy research) and DoSomething.org (for young people who want to take action; the tagline is “Make the world suck less”).

Stevens noted that socialstructured sites are not just online gab sessions. “It’s about groups setting goals and achieving them.”

Some NCAR participants are already venturing into the socialstructured world—or, at least, imagining how such a world would alter their work.

Susan Dreyfus, CEO of the Family Alliance of America, described the planning for a United States/Canada cohort of non-profit organizations that will strive to be “transformational agents” for ACE-informed programming in their communities. “I’m going to have a map in my office with a remote control that shows all the ways we are propelling movement,” she predicted.

Roy Wade, an instructor in pediatrics at the Children’s Hospital of Philadelphia and a member of that city’s ACE Task Force, is working with other leaders to develop a local ACEsConnection group to share protocols, ACE assessment tools and outcomes. A

community advisory board will ensure that people affected by ACEs have a voice, he said. “And it will allow us to connect what we’re doing with other organizations that are doing the same thing.”

And in Alaska, where Linda Chamberlain runs the Alaska Family Violence Prevention Project, ACEsConnection has the power to create conversation across a sparsely populated state. “This is the distribution network we’ve talked about. The opportunities are extraordinary,” she said.

Stevens has been a journalist for 30 years, but that role is changing, she said—in some ways, reverting to an earlier era when small-town journalists felt responsible to their communities and deeply embedded in the fabric of daily life. They acted as investigators, reporters and advocates. “In a socialstructured world, journalists can make sure everyone has the best information,” she said. “This is a beast with many heartbeats. Everybody can talk with everybody else.”

All of us are contributing and creating new nodes in the network

Jane Stevens



NCAR PARTICIPANTS ENVISION A WORLD OF WELL-BEING



“This is not one more thing on my plate. This is the plate.”

Christopher Blodgett, PhD

What if a national movement on adversity and resilience gained momentum and reached into every corner of society? How might that change policy, practice, research and funding? How would it change people’s lives? Envision five years into the future: What achievement of a national movement on resilience makes you most proud?

This was the imaginative question posed to NCAR participants, thirty-five leaders in health, human services and education. Through hours of vigorous conversation, those leaders outlined the strengths, challenges and world-changing potential of a national movement on adversity and resilience.

They were encouraged to “think big.” They imagined this:

- **In cities and small towns across the United States, people are talking about adversity and resilience—and**

not only talking, but working together, linked through virtual and in-person networks, to prevent ACEs, promote healing and build communities that thrive.

- **Medicaid and private insurance companies reimburse for universal ACEs screening and treatment.**
- **Educators have the time and resources to make schools safe, vibrant learning environments for all students and staff, using the science of brain development, trauma and resilience to inform their practice.**
- **Workers in human service systems receive reflective supervision to help them manage the “secondary trauma” that can result from working with those in distress.**
- **Elected and appointed leaders, backed by public support, use their understanding of adversity and resil-**

ience to shape programs, policy and budgets for health care, education, human services, law enforcement, juvenile justice and the military.

- **A team approach to primary care strives for a new and broader definition of “wellness”—one that spans physical, emotional, spiritual and community health.**
- **The science of early childhood adversity, brain development and resilience is part of every health professional’s education; it is also embedded in the curricula of education, social work and law—in every system that touches human beings.**
- **Evidence shows that these efforts are working! The incidence of child adversity is down; parents report feeling more effective and more loving; public policy supports the healthy development of children and the well-being of their caregivers; communities are safer and more deeply connected in both good and hard times.**

Some of these goals, participants acknowledged, may be decades off. But the national movement on ACEs and resilience is already under way.

From Walla Walla, Washington, to Tarpon Springs, Florida, communities are changing the conversation about health and illness, human suffering and

strength. Trauma-informed schools are noting a decline in suspension rates and violence; some clinics are weaving behavioral health, mindfulness, creative arts therapy and other supports into the delivery of primary care. Trauma-sensitive caseworkers are learning to ask not “What’s wrong with you?” but “What happened to you?” a question that invites dialogue and reflection and opens the door to healing.

Can we create a stronger, more systematic understanding of what’s emerging? Can we get it documented and disseminated?

In the past fifteen years, since publication of the Centers for Disease Control’s Adverse Childhood Experiences (ACE) Study, individuals across the country, from living rooms to legislative chambers, have experienced “aha” moments as the science of adversity and resilience suddenly illuminates their own behavior, their families and their professional lives.

Jane Lowe, senior advisor for program development at the Robert Wood Johnson Foundation (RWJF), recalled learning of that 1998 study, which showed that childhood adversity was



both common and corrosive to long-term health. “It was like light bulbs going off all over the place.”

In small-group strategy sessions, NCAR participants brainstormed ways to spread that light. They discussed how best to frame and share the emerging scientific knowledge and the ACE-related initiatives built on that science.

Some recommended creating a national map of adversity- and resilience-related initiatives so that practitioners can learn about others’ efforts and compare notes on challenges and triumphs.

“What are the best 50 ideas out there now?” wondered David Bornstein, a New York Times journalist who writes about social innovation. “Put those on a map. Do those people know each other? Have they talked?” Another idea was to expand the reach of virtual networks such as www.ACEsConnection.com where practitioners can share ideas, ask questions and learn of new research developments.

Others spoke of the need for a common language. Even among NCAR participants, a variety of terms emerged: adversity, trauma and toxic stress; resilience, health and well-being. An effective national movement, they agreed, will need a “core story” that emphasizes both the reality of human suffering and the potential for healing and change.

“Awareness has to be coupled with stories of recovery,” said Nadine Burke Harris, a physician and founder of the Center for Youth Wellness in San Francisco. “Otherwise the data could lead you to feel that it’s all hopeless.”

And yet, some said, “success stories” themselves can be damaging if they perpetuate a “bootstraps mentality,” implying that some individuals are exceptional, able to rise above dire circumstances. “We need to look at what’s helped them, how they’ve been able to be successful,” said Laura Porter, co-founder of ACE Interface and director of ACE Partnerships for

Washington's Department of Social and Health Services.

Even raising awareness about trauma carries risk, especially for those who lack family or community support. Ken Ginsburg, professor of pediatrics and the University of Pennsylvania School of Medicine and director of health services at Covenant House, Pennsylvania, reminded the group that denial is an important survival tool. "We need to make sure the message doesn't increase shame and stigma, that it is hopeful and empowering."

It's critical, some said, to remember and address root causes—inequities of wealth, power and access that make it more likely for some people to experience ACEs and harder for them to heal.

NCAR participants agreed that the movement's strength is its universality. ACEs affect everyone—if not personally, then through relationships, schools, workplaces and the larger economic sphere we share. Treating and preventing childhood adversity could lead to lower health-care costs, less crime, more educational success, higher worker productivity and a more robust "gross national happiness" quotient.

The science of ACEs is another strength, NCAR participants said, because it spans disciplines, engaging health care providers, social workers, judges, police officers, teachers, community activists and others. New technologies—social

media, virtual networks, phone apps—make it possible for people and groups to quickly share news, ask questions and find resources. Even the economic downturn of the last five years creates an opportunity, because it has forced so many people to re-think the nature of a stable and meaningful life.

The NCAR group agreed that a national movement on ACEs and resilience must take the long view. "This isn't a quick fix," said Natalie Levkovich, chief executive officer of Health Federation of Philadelphia. "We're not going to get there in two, three or five years. This is a generational change."

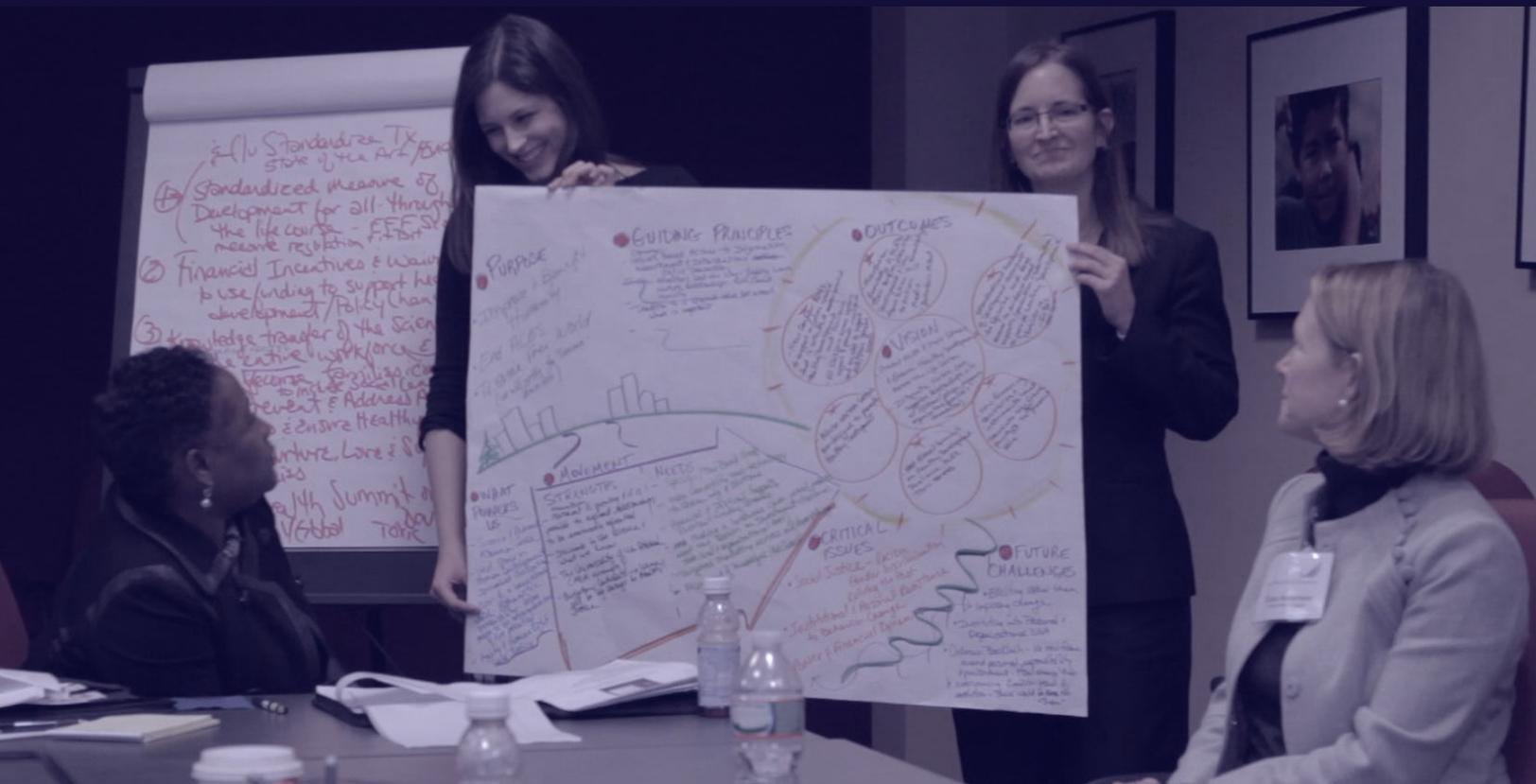
Robert Anda, co-principal investigator of the 1998 ACE Study, said the reality of children's suffering continues to propel his work. "What motivates me to do what I do is that it's painful to see what's out there," he said. "Empathy keeps me going."

And that change will be driven by both minds and hearts. "Any movement works because it creates moral outrage," said Lowe. "It is incumbent upon us to create the sense that all of these children belong to us."



NCAR'S STRATEGIC FRAMEWORK

NCAR fuels the collective impact of people and organizations committed to a just, healthy and resilient world



Our Vision

We envision a just world in which individuals and communities have the power, resources and support to create and take part in robust systems of care. Those systems—health, education, human services and others—will help people understand the effects of their adverse experiences, build resilience in themselves and others, and acquire the tools to prevent adversity for future generations.

Our Purpose

The National Collaborative on Adversity and Resilience (NCAR) is a diverse group of people representing organizations and networks reaching across sectors and geographies to advance health equity. NCAR promotes ideas, policies and practices that minimize and prevent childhood adversity and that build resilience in individuals, families and communities.

Our Principles

NCAR is guided by the following principles in everything we do:

Inclusivity: We believe that community voices, alongside those of policy-makers, practitioners and researchers, should contribute to dialogue and change.

Equity: We believe that every person should be treated with fairness, dignity and respect. We challenge ourselves and all our organizations and systems of care to strive for cultural awareness, humility and justice.

Wellness: We embrace an expansive and holistic definition of wellness that encompasses physical, mental, emotional and spiritual well-being. We support and promote a broad range of evidence-informed services and programs that contribute to the safety, health, happiness and empowerment of individuals and communities.

Heart-Head Connection: We believe in the powerful connection between empathy—our deep sense of connection to others—and the emerging biomedical science of adversity and resilience. We employ both heart and head to set standards and develop humane, evidence-informed prevention and intervention strategies.

Collaborative Capacity: We believe that strategic collaboration leads to better results when all partners have the capacity for leadership, adaptability and democratic decision-making—along with the core support and flexible, long-term funding to build that capacity in a sustainable way.

Our Strategic Goals

NCAR members will work together toward six strategic goals for growing impact and building a stronger national movement over the next three years:

1. Create a common language informed by robust data and brought to life by compelling stories of healing and recovery. Use key messages to inform and inspire policymakers, practitioners, funders, the private sector, the media and the public.

2. Educate leaders, policy-makers and the public about ACEs, brain development and effective interventions, including the paradigm shift from asking “What’s wrong with you?” to “What happened to you?”

3. Identify, promote and bring to scale research-informed, community-driven and cost-effective trauma and adversity prevention and recovery strategies, services and programs.

4. Engage elected and appointed officials, private sector leaders and other influencers as champions for health, educational, economic and related policy changes that improve community resilience, health equity and social justice.

5. Increase and leverage public and private funding for translational research, strategic collaboration, professional training, communications and the development of standards for trauma-informed services, organizations and communities.

6. Develop strong and adaptive leadership among members and allied organizations, coalitions and movements that share our commitment to a more just, healthy and resilient world.



Our Action Plan for 2014

NCAR will take swift steps to organize, mobilize support and build collective capacity to advance the national movement on ACEs and resilience and implement our strategic goals. Our action plan for 2014 will focus on the following priorities.

1. Establish a fluid, inclusive and forward-looking organizational structure modeled on best practices for collective action.

We must seek out missing voices, create a learning community that shares successes and failures, and identify a neutral convener and/or backbone support organization.

2. Leverage existing Internet and social media platforms and networks for sustained dialogue, decision-making, research and information-sharing.

Effective and responsible use of emerging technologies for networking, advocacy, fundraising, membership recruitment, digital storytelling and media outreach will help us manage our collaborative efforts and extend our reach.

3. Design shared measures of success to evaluate our progress and be accountable to our members and supporters.

We must agree upon a common set of measures and a reliable feedback loop to clarify our aims, determine whether our work is making a difference and gauge our return on investment.

4. Convene regularly to take collective action, widen our spheres of influence and advance our purpose and goals.

National and regional meetings, both in-person and virtual, are the best way to evolve our strategy, strengthen our relationships and discover new opportunities to advance our cause and build a national movement.

5. Secure funding to nurture and sustain our work.

We must seek investments in our collaborative capacity and infrastructure in order to realize our vision and accomplish our goals.

Join The Movement!

To learn more and to contribute your ideas and experience to the NCAR movement, please go to:

www.ACEsConnection.com to connect online or email NCAR@healthfederation.org

The NCAR programming is now housed at the Health Federation of Philadelphia

APPENDIX

Inspiration

Participant Feedback

Retreat Agenda

Retreat Schedule

Retreat Participants



Inspiration

NCAR participants read and drew ideas, frameworks and inspiration from the following articles.

“Advancing Community Level Impact. Service to Social Change: A Series of 5% Shifts,” by Caroline McAndrews, Hai Binh Nguyen and Sean Thomas-Breitfeld. Published by The Building Movement Project, 2013.

<http://www.buildingmovement.org>

“Collective Impact,” by John Kania and Mark Kramer. Stanford Social Innovation Review, winter 2011.

http://www.ssireview.org/articles/entry/collective_impact

“Connected Citizens: The Power, Peril and Potential of Networks,” by Diana Searce. Published by the John S. and James L. Knight Foundation and Monitor Institute, spring 2011.

<http://www.connectedcitizens.net>

“Pathways to Grow Impact: Philanthropy’s Role in the Journey.” Published by Grantmakers for Effective Organizations, 2013.

<http://www.geofunders.org>

“Social Movements and Philanthropy: How Foundations Can Support Movement Building,” by Barbara Masters and Torie Osborn. The Foundation Review, Vol. 2:2, 2010.

<http://evaluationinnovation.org/publications/social-movements-and-philanthropy-how-foundations-can-support-movement-building>

“Storytelling and Social Change: A Strategy Guide for Grantmakers,” by Paul VanDeCarr. Published by Working Narratives, 2013.

<http://www.workingnarratives.org>

Participant Feedback

Following the retreat in December 2013, participants completed an online survey. The overwhelming majority found the meeting to be useful and motivating; many cited the opportunity to network and brainstorm with experts and activists who are “on fire” about creating a robust national movement that will build ACE awareness into policy, research, education and practice.

In narrative comments, participants said they wished to maintain the momentum, nurture and support the work of thought leaders, sustain the richness of diverse voices and focus on translating research into policy and practice at every level, including “on the ground,” in communities throughout the nation.

95% of respondents found the NCAR retreat’s networking and coalition-building to be of high value

95% of respondents felt they had a voice in the dialogue about strategies to mitigate adversity and promote resilience

86% would like to convene again, in person

62% would like to convene again, through remote means such as conference calls and/or online dialogue

Retreat Agenda

Purpose

There are many groups across the country working to mitigate adversity and promote resilience among individuals, families and communities. This retreat will bring leaders together from across the country to focus on creating collective impact across many sectors in policy, research, and practice.

Retreat Objectives

1. Explore, define, and prioritize a clear set of recommendations for funding, prevention and intervention, and policy that will mitigate adversity and promote resilience by: a) identifying, promoting, and scaling, what works and b) innovating better solutions to overcoming barriers to success.
2. Strengthen national and regional networks and relationships among thought leaders, researchers, practitioners and organizations engaging in ACE-related work.

Retreat Organizing Framework

The retreat will use “movement building” as a framework to develop a strategic plan:

1. Leverage the collective strengths, wisdom and knowledge of its members
2. Build on the momentum of the May 2013 National Summit
3. Yield outcomes relevant to the creation of NCAR’s strategic plan (as detailed in the purpose statement above).

Movement Building

Movement building refers to mobilizing support and building the collective capacity of groups to create positive social change. For NCAR, movement building is about helping organizations across sectors and geographies to align their commitment to resilience with their policies, practices, services, and strategic communications. There are many factors essential to building a successful movement. For NCAR these may include:

A strategic plan, including a shared sense of purpose and vision for change, strategic priorities, measurable outcomes, and recommendations for action
A communications plan to engage members and tell a compelling narrative to key audiences, including an idea frame, a story frame, messaging strategies, etc.
Leadership, capacity, infrastructure, and technical assistance to ensure successful movement building, learning, and collaboration

Retreat Schedule

Harvesting Great Ideas

Thursday, December 12, 2013

8:30 AM

Networking and Breakfast

9:00 AM

Call to Meeting

Christina Bethell, founding Director of The Child and Adolescent Health Measurement Initiative, Portland, OR

9:05 AM

Welcome and Framing Remarks

Jane Lowe, Senior Program Advisor, Robert Wood Johnson Foundation

Martha Davis, Executive Director, Institute For Safe Families

Angelo Giardino, Clinical Professor of Pediatrics, Baylor College of Medicine, Chief Medical Officer, Texas Children's Health Plan, Houston, TX

Jason Alexander, Principal and Co-Founder, Capacity for Change

9:15 AM

Introductions

9:30 AM

Context: What Are the Challenges to Creating Transformative Change?

Eight-minute presentation followed by discussion:

Idea Generator: Sandra Bloom, Co-Director, Center for Non-Violence and Social Justice, Drexel University, Philadelphia, PA

10:15 AM

Vision: What If We Could Successfully Grow a National Movement for Change?

Facilitator: Jason Alexander, Principal and Co-Founder, Capacity for Change

12:00 PM

Lunch

12:30 PM

Stories That Matter

James Redford, Filmmaker, KPJR Films, Marin County, CA

1:15 PM

Communicating for Impact

David Bornstein, Co-Founder, Solutions Journalism Network

2:00 PM
Break/Yoga

2:15 PM
Strategic Priorities: How Will We Achieve Our Vision For Change?
Part I: Panel Presentation and Discussion

Moderator: Jane Stevens Co-Founder of ACEsConnection with

- Sue Mackey Andrews, Co-Facilitator, Maine Resilience Building Network, President of Solutions Consulting Group, Dover-Foxcroft, ME
- Marcia Stanton, Coordinator, Arizona ACE Consortium, Phoenix Children's Hospital, Phoenix, AZ
- Teri Barila, Coordinator, Children's Resilience Initiative, Walla Walla, WA
- Roberta Waite, Associate Professor & Assistant Dean of Academic Integration and Evaluation of Community Programs, Steven and Sandra Sheller Eleventh Street Health Center, Doctoral Nursing Department, Drexel University, Philadelphia, PA

3:15 PM
Break

3:30 PM
Part II: Setting Strategic Priorities
Facilitator: Jason Alexander, Principal and Co-Founder, Capacity for Change

5:15 PM
First Day Wrap-Up

5:30 PM
Adjourn

6:30 PM
Dinner
Terrace Room, Westin Princeton Hotel

Movement Building

Friday, December 13, 2013

8:30 AM

Networking and Breakfast

9:00 AM

Call to Meeting

Christina Bethell, founding Director of The Child and Adolescent Health Measurement Initiative, Portland OR

9:00 AM

Welcome and Framing Remarks

Martha Davis and Angelo Giardino

9:15 AM

The Socialstructured World: Connectivity for Collective Impact

Jane Stevens Co-Founder of ACEsConnection with

- Roy Wade, Instructor of Pediatrics, Children's Hospital of Philadelphia, Stoneleigh Foundation Fellow
- Susan Dreyfus, CEO Family Alliance of America, Milwaukee, WI
- Linda Chamberlain, Director of Alaska Family Violence Project, Homer, AK

9:45 AM

Building a Social Movement: Planning For the Future

Part I: Review & Discussion of First Day Planning Sessions

Break

Part II: Action Planning: How Will We Build a Social Movement To Advance Our Strategic Priorities?

Facilitator: Jason Alexander, Principal and Co-Founder, Capacity for Change

12:00 PM

Lunch and Wrap-Up Discussion

Martha Davis and Angelo Giardino

1:00 PM

Adjourn

Retreat Participants

ROBERT F. ANDA

Co-Principal Investigator

Adverse Childhood Experiences (ACE Study)

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Rob Anda lives in Atlanta with his wife (Kim) and two children, Kelsey and Will. Dr. Anda graduated from Rush Medical College in 1979 and received his Board Certification in Internal Medicine in 1982. During 1982-1984 he completed a Fellowship in Preventive Medicine at the University of Wisconsin where he also received a Masters Degree (MS) in Epidemiology. He has conducted research in areas that include disease surveillance, behavioral health, mental health and disease, cardiovascular disease, and childhood determinants of health. After spending 20 years as a research medical officer in the U.S. Public Health Service, he is now a Senior Scientific Consultant to the Centers for Disease Control and Prevention (CDC) in Atlanta. He played the principal role in the design of the Adverse Childhood Experiences (ACE) Study and serves as its Co-Principal Investigator. Findings from the ACE Study have been presented at Congressional Briefings and numerous conferences around the world. The ACE Study is being replicated in numerous countries by the World Health Organization (WHO) and is now being used to assess the childhood origins of health and social problems in more than 18 U.S. states. He has more than 100 peer-reviewed publications, numerous government publications such as the Morbidity and Mortality Weekly Report (MMWR), and book chapters. In addition, he has received numerous awards and recognition for scientific achievements.

CLARE ANDERSON

Policy Fellow, Chapin Hall

at the University of Chicago

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Clare Anderson recently joined Chapin Hall at the University of Chicago as its first Policy Fellow. At Chapin Hall, Clare will be focused on coordinating policy initiatives and helping disseminate Chapin's work so that it is actionable by policy makers, administrators and communities. Clare spent the first ten years of her career as a direct practice social worker in locations as varied as Children's National Medical Center and congregate care settings for children involved with child welfare and juvenile justice. At the Center for the Study of Social Policy, Clare provided technical assistances to states and communities implementing innovative partnership approaches to prevent child maltreatment. Prior to joining Chapin Hall, Clare was the Deputy Commissioner at the U.S. Department of Health and Human Services' Administration on Children, Youth and Families. At ACYF, Clare used the Adverse Childhood Experiences Study as a basis for policy making in order to more effectively address the well-being needs of children and families.

MEGAN H BAIR MERRITT

Medical Director, Child Witness to

Violence Program, Boston Medical Center

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Megan H Bair-Merritt, MD, MSCE is Associate Professor of Pediatrics at Boston University/Boston Medical Center. Dr. Bair-Merritt has developed a nationally-recognized and respected portfolio of epidemiological research in three inter-related areas: screening for IPV in the pediatric setting; the impact of IPV on children's physical health and health care use; and the impact of early childhood home visitation on IPV. Dr. Bair-Merritt completed her

residency training at The Children’s Hospital of Philadelphia and received her Masters of Science in Clinical Epidemiology at the University of Pennsylvania School of Medicine’s Center for Clinical Epidemiology and Biostatistics. She has published extensively in the peer-reviewed literature, with articles predominantly focused on IPV and child health. Dr. Bair-Merritt has funded her work through institutional and federal grants. Dr. Bair-Merritt’s published work has been cited in critical policy pieces and clinical guidelines including the Institute of Medicine’s recent consensus report “Clinical Preventive Services for Women: Closing the Gaps,” the upcoming World Health Organization’s “Guidelines for Prevention and Clinical Intervention for Female Survivors of IPV”, and the American Academy of Pediatrics (AAPs) guidelines on IPV screening in the pediatric setting. She has been invited, based on her expertise, to present across the country and to have leadership roles in select violence-related committees and organizations. Dr. Bair-Merritt’s long-term career goal is to lead multidisciplinary efforts to improve the health of children exposed to IPV.

TERI BARILA

Coordinator of the Walla Walla County Community Network

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Teri Barila is coordinator of the Walla Walla County Community Network, part of the Washington State Community Network System. Together, this family-community-state partnership reduces expensive social problems by involving each community in finding its own unique pathway to thriving families. Building community capacity is a key element of the Network’s mission. One example of community capacity development is the creation of the Children’s Resilience Initiative (with Mark Brown, Executive Director of the Friends of Children of

Walla Walla) to bring awareness of the impact of Adverse Childhood Experiences as the major determinant of adult- and public- health to the Walla Walla Valley community for practical application, with an emphasis on Resilience. This work has attracted national attention in part due to its grassroots organizational development and the focus on the hope of Resilience. Teri has a Masters of Science in Fisheries Management and a Bachelor of Science in Biology. Born and raised in Washington, D.C., she migrated west in 1981 and now calls the Pacific Northwest home. Her area of expertise for 20 years with salmon and steelhead Federal recovery planning in the Snake and Columbia River system was focused on fish stress and physiology. She shifted career goals in 1998 when she resigned from the U.S. Army Corps of Engineers and accepted the role of Network Coordinator. She has lived in Walla Walla since 1984, and has been the Network coordinator since 1998. She has two children: a 32 year old son and a 23 year old daughter. Experiencing the world of a special needs child with Asperger’s Syndrome (Autism Spectrum) has significantly shaped Teri’s thinking on systems, education, resilience and advocacy for children.

CHRISTINA BETHELL

Professor, Department of Pediatrics, School of Medicine, Oregon Health & Science University Founding Director, The Child and Adolescent Health Measurement Initiative, National Maternal and Child Health Data Resource Center

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“It is easier to build strong children than to repair broken men.” Frederick Douglass (1817–1895)—Dr. Bethell is a Professor in the Department of Pediatrics, School of Medicine at Oregon Health & Science University. She is the founding Director of The Child and Adolescent

Health Measurement Initiative (CAHMI) and the National Maternal and Child Health Data Resource Center. Established in 1997, the CAHMI promotes early and lifelong health of children, youth and families in public policy and community practice, with a focus on family-engagement and family-driven data and IT tools, such as the Health 2.0 award winning Well Visit Planner and the Data Resource Center for Child and Adolescent Health. Dr. Bethell is committed to contributing to the development of family, community and health care systems that proactively address early life socio-emotional factors impacting health over the life course, including the emerging field of mindfulness and interpersonal neurobiology as it applies to improving health care quality and the health of children. Her work to collaboratively design and validate measures of child and family health and health care quality have led to over 45 measures endorsed by the National Quality Forum and a range of standardized metrics used in national, state and local survey of families. Dr. Bethell earned her B.A. in psychology from the University of California, Los Angeles. She has an M.P.H. and an M.B.A. from the University of California, Berkeley and has earned a Ph.D. in health services and policy research from the University of Chicago. She was most recently recognized by the US Centers for Disease Control and Prevention, the American Academy of Pediatrics and 14 other national organizations as the 2012 National Maternal and Child Health Outstanding Leadership Award recipient for advancing the health and well-being of the nation's women, infants and children. She was similarly recognized by Family Voices –the largest coalition of families of children with special health care needs (CSHCN)—when they named her their “National Angel” award winner in 2001 for her work to develop methods to identify and assess health and health care quality for CSHCN. A lifelong advocate of mind/body methods and

graduate of the University of Massachusetts's Center for Mindfulness, Medicine and Society's Mindfulness Based Stress Reduction Teacher Training program, Christina spearheads a national dialogue on Mindfulness As Medicine (and Mindfulness & Pediatrics). She is trained in transformational coaching and conducts mindful leadership workshops with maternal and child health leaders. Christina brings an unwavering belief in life and our natural transformative power to heal even the greatest of traumas and she promotes the consciousness to choose, anchor into and align with our deepest presence—where we can all be organically led and supported to create a life of love, contribution and well-being!

CHRISTOPHER BLODGETT

**Area Health Education Center of Eastern Washington/CLEAR Trauma Center,
Washington State University
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Dr. Christopher Blodgett is a Washington State University faculty member and a licensed clinical psychologist. Chris has been the Principal Investigator for more than two dozen federal and national foundation grants addressing high-risk children and families. He is the Director of the National Child Trauma Stress Network's CLEAR Trauma Center. The CLEAR Trauma Center focuses on model development and dissemination to help early learning and K-12 education systems become trauma-informed. For the last eight years, he and colleagues have focused on childhood developmental trauma resulting from adverse childhood experiences (ACEs). Recognizing that ACEs define a public health crisis, Chris and his team adapt the science of resilience, brain development, and trauma treatment to create systematic interventions for schools and early learning programs. Now funded by multiple federal and philanthropic grants, this work documents

the profound and immediate consequences of ACEs in schools and tests practical actions schools can take aligned with core educational practices.

SANDRA L. BLOOM

Board-Certified Psychiatrist, Associate Professor of Health Management and Policy and Co-Director, Center for Nonviolence and Social Justice at the School of Public Health of Drexel University in Philadelphia

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Sandra L. Bloom, M.D. is a board-Certified psychiatrist, Associate Professor of Health Management and Policy and Co-Director of the Center for Nonviolence and Social Justice at the School of Public Health of Drexel University in Philadelphia. Dr. Bloom is the founder of the Sanctuary Institute, Distinguished Fellow at the Andrus Children's Center. Dr. Bloom is a Past-President of the International Society for Traumatic Stress Studies and author of *Creating Sanctuary: Toward the Evolution of Sane Societies* and co-author of *Bearing Witness: Violence and Collective Responsibility*. A book about the crisis in social service delivery and titled *Destroying Sanctuary: The Crisis in Human Service Delivery* was published in 2010 by Oxford University Press and another volume of this trilogy about trauma-informed service, *Restoring Sanctuary: A New Operating System for Trauma-Informed Systems of Care* was published in early 2013 by Oxford University Press.

DAVID BORNSTEIN

Writer

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David Bornstein is a journalist and author who focuses on social innovation. He co-authors the Fixes column in The New York Times Opinionator section, which explores and analyzes potential solutions to major social problems. He

is the co-founder of the Solutions Journalism Network, which supports journalists who report on constructive responses to social problems, and the founder of Dowser, a media site for young journalists who cover social innovation. His books include *How to Change the World: Social Entrepreneurs and the Power of New Ideas*, *The Price of a Dream: The Story of the Grameen Bank*, and *Social Entrepreneurship: What Everyone Needs to Know*. He is currently completing a book on social innovation in the U.S. and Canada. He lives in New York.

NADINE BURKE HARRIS

CEO, Center for Youth Wellness

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Dr. Nadine Burke Harris is founder and CEO of Center for Youth Wellness (CYW). She has earned international attention for her innovative approach to addressing adverse childhood experiences as a risk factor for adult disease such as heart disease and cancer. CYW identifies and addresses the impacts of Adverse Childhood Experiences by providing evidence-based, multidisciplinary care, education and advocacy in a community-based, family-centered model. Her work was recently profiled in Paul Tough's best selling book, *How Children Succeed: Grit, Curiosity, and the Hidden Power of Character*. David Brooks, a New York Times writer, called Tough's book "essential." U.S. Secretary of Education, Arne Duncan, stated that the book "left me feeling hopeful about the huge difference we can make in the lives of those who have little opportunity." The CYW works in close partnership with the CPMC Bayview Child Health Center where Dr. Burke Harris was the founding physician and former medical director until she became CEO of CYW. Dr. Burke Harris maintains her clinical practice at the CPMC Bayview Child Health Center. Her areas of interest are in health disparities, child trauma, nutrition and asthma.

Particularly, her focus is serving communities where issues of poverty and race present challenges to conventional healthcare and education.

LINDA CHAMBERLAIN

Founder of the Alaska Family Violence Prevention Project

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Scientist, author, professor, dog musher, and founder of the Alaska Family Violence Prevention Project, Dr. Linda Chamberlain is an internationally recognized keynote speaker and champion for health issues related to domestic violence and adverse childhood experiences, brain development and trauma, and the amazing adolescent brain. She is known for her abilities to translate science into practical information with diverse audiences and convey a message of hope and opportunity. Dr. Chamberlain holds faculty appointments at the University of Alaska and Johns Hopkins Bloomberg School of Public Health. She earned public health degrees from Yale School of Medicine and Johns Hopkins University. The author of numerous publications and resources including the Public Health Toolkit and the Amazing Brain booklet series, she is also co-author of Addressing Intimate Partner Violence, Reproductive Health and Sexual Coercion Guidelines and Healthy Moms, Happy Babies, a train-the-trainer curriculum on domestic violence developed for home visitation programs. Awards and recognition for her work include a National Kellogg Leadership Fellowship and an Alaska Women of Achievement Award. She served as the 2012-2013 Inaugural Scattergood Foundation Scholar and is a national advisor to the Institute for Safe Families. Living on a rural homestead outside of Homer, Alaska with her husband and dog team, she has created an innovative lecture series on leadership and

teamwork that incorporates lessons from the trail based on her experiences as a dog musher.

STEVEN D. COHEN

Senior Fellow, Center for the Study of Social Policy
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Steve Cohen is a Senior Fellow at the Center for the Study of Social Policy (CSSP). His time is devoted primarily to CSSP's partnership with the Center on the Developing Child at Harvard University, and in particular on working with public systems to promote science-based innovation. Before joining CSSP, Steve was Vice President and Chief Program Officer at the Annie E. Casey Foundation. Earlier in his career, he was Associate Executive Director at the Jewish Board of Family and Children's Services, a large, multi-program human service agency in New York City. He also held senior positions in New York City government in child welfare and juvenile justice, with primary responsibilities related to policy planning, program development, and oversight of contract agencies. Steve holds a Master's in Public Affairs from the Woodrow Wilson School at Princeton University, and a Bachelor of Arts from Cornell University. He is also a graduate of Columbia University's Institute for Not-for-Profit Management. He has taught Management of Not-for-Profit Organizations, at Hunter College, New York.

SUSAN COLE

Director, Trauma and Learning Policy Initiative
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Susan Cole is the director of the Trauma and Learning Policy Initiative (TLPI), a joint program of Harvard Law School and the non-profit children's rights organization Massachusetts Advocates for Children (MAC). At Harvard she holds a joint appointment as Education Law Clinic Director and Lecturer on Law and is a Senior Project

Director at MAC. Ms. Cole's work is based on research at the intersection of psychology, education, organizational change, and law that links traumatic experiences to a host of learning, relational and behavioral difficulties at school. She is the lead author of *Helping Traumatized Children Learn* - volume one, which translates neurobiological studies on the impact of trauma on learning, behavior, and relationships into language that is useful for schools and provides a flexible framework for change. Recently released is the second volume, titled *Helping Traumatized Children Learn: Creating and Advocating for Trauma-Sensitive Schools*, which provides a Guide to creating a trauma-sensitive school and a policy agenda for providing schools with the supports they need. TLPI has launched a website to foster the growth of an on-line learning community and expand its impact at the policy level: traumasensitiveschools.org. Ms. Cole oversees TLPI's work in schools and its representation of families in the Education Law Clinic to inform its extensive policy and educational activities. Prior to becoming a lawyer she taught in the Watertown MA and Woodstock CT public schools – experiences that continuously inform her current work.

SUZANNE DAUB

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Suzanne Daub is a Senior Integrated Health Consultant for The National Council for Behavioral Health and consults nationally with behavioral health organizations on the clinical aspects of integrated care, operationalizing integration and building workforce skills. Prior to joining the National Council, Suzanne worked for 17 years as the Director of Behavioral Health in Primary Care at Delaware Valley Community Health, a Federally Quali-

fied Health Center providing medical services to 40,000 poor and underserved residents of Philadelphia, PA. Suzanne serves as a National Advisor to The Institute for Safe Families and as a lead trainer for the Philadelphia Integrated Health Network, which is operated by Health Federation of Philadelphia.

MARTHA B. DAVIS

**Executive Director,
Institute for Safe Families***
***Martha is now at the Robert Wood Johnson Foundation**
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Ms. Davis is the Co-Founder and Executive Director for the Institute for Safe Families (ISF), whose mission is to prevent family violence and child abuse. She is responsible for the fiscal and programmatic health and vitality of the organization. For over 20 years, Ms. Davis has focused ISF's efforts to be an incubator for new ideas, developed innovative programming, and convened forums for cross-systems dialogue and collaboration aimed at building capacity for more effective prevention and response to all forms of interpersonal violence. She has presented and written on family violence issues both nationally and locally. Ms. Davis is an Instructor at the Community College of Philadelphia, where she developed and teaches a semester-long course on Family Violence, Trauma and Healing for students seeking an associate degree in the Behavioral Health Social Service Department. In 1995 Ms. Davis received her Masters in Social Service degree from Bryn Mawr College, the Graduate School of Social Work and Social Research, Bryn Mawr, PA with a concentration Advocacy, Policy and Program Development.

* Effective 2/2014, programming from Institute for Safe Families is now housed at the Health Federation of Philadelphia

SUSAN N. DREYFUS

President and CEO of Families International

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Susan N. Dreyfus is president and CEO of Families International, the parent organization of the Alliance for Children and Families, United Neighborhood Centers of America (UNCA), Ways to Work, and FEI Behavioral Health. In addition, she is president and CEO of the Alliance; CEO of UNCA and Ways to Work; and a member of the FEI Behavioral Health Board of Directors. Prior to joining Families International on Jan. 3, 2012, Dreyfus was Secretary for the Washington State Department of Social and Health Services. She was appointed by Gov. Chris Gregoire in May 2009 and served as a member of the Governor's Executive Cabinet. She had responsibility for Medicaid, aging and long-term care, child welfare, behavioral health care, juvenile justice, economic assistance, and other human services. Dreyfus has rejoined the Families International group of organizations. She served as senior vice president and chief operating officer for both Families International and the Alliance from 2003-2007. In 1996 she was appointed by the Gov. Tommy G. Thompson Administration in Wisconsin to be the first administrator of the Division of Children and Family Services. Her responsibilities included child welfare, childcare quality and licensing, youth development and an array of emergency assistance and other community programs. Dreyfus is a member of Leadership 18, a coalition of CEOs from the largest and most respected nonprofit organizations in America. She is also a member of the American Public Human Services Association and Generations United Boards of Directors. Dreyfus enjoys reading the biographies of the United States presidents, being with her family—especially her two grandchildren—and she has completed four marathons.

JOEL A. FEIN

Chairman of the Board, The Institute for Safe Families

Professor of Pediatrics and Emergency Medicine at the Perelman School of Medicine, University of Pennsylvania

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Joel A. Fein MD, MPH is the Chairman of the Board for The Institute for Safe Families, and a Professor of Pediatrics and Emergency Medicine at the Perelman School of Medicine at University of Pennsylvania. Dr. Fein is the Co-Director of the headquarters for the National Network of Hospital-based Violence Intervention Programs (NNHVIP), the director of outreach for The Center for Pediatric Traumatic Stress, an intervention development center within the National Child Traumatic Stress Network, and is on the Board of Directors of the Society for the Advancement of Violence and Injury Research (SAVIR) and the Philadelphia Anti-drug Anti-violence Network (PAAN). At CHOP he is an attending physician in the Emergency Department, the medical advisor to the Government Affairs, Community Relations and Advocacy Department and the Director of Advocacy and Health Policy for the Emergency Department. Dr. Fein completed his B.A in biology and psychology at Wesleyan University in Middletown, CT, his medical degree at The New York University School of Medicine, and his MPH at the University of Pennsylvania. He did his residency in pediatrics fellowship in pediatric emergency medicine at CHOP. He is board Certified in Pediatrics and Pediatric Emergency Medicine. Dr. Fein has lectured nationally and internationally, and published multiple review articles and original research papers on the topics of violence prevention, pain management, and mental health in the emergency settings.

ANDREW GARNER

Associate Clinical Professor of
Pediatrics at Case Western Reserve University School
of Medicine

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Dr. Garner is a graduate of Swarthmore College, and a product of both the Medical Scientist Training (MD, PhD) Program at Case Western Reserve University and the Pediatric Residency Training Program at the Children's Hospital of Philadelphia. Dr. Garner has practiced primary care pediatrics with University Hospitals Medical Practices since 2000. He is an Associate Clinical Professor of Pediatrics at Case Western Reserve University School of Medicine and a member of the Center on Child Health and Policy at Rainbow Babies and Children's Hospital. As a member of the American Academy of Pediatrics' (AAP) Committee on Psychosocial Aspects of Child and Family Health, Dr. Garner co-authored the Policy Statement and Technical Report on childhood toxic stress. He is currently the Chair of the AAP's Leadership Workgroup on Early Brain and Child Development and a member of the AAP's Leadership Workgroup on Epigenetics. Dr. Garner is also the Vice-President / President-Elect of the Ohio Chapter of the AAP. When not cherishing some quality time with his wife, son, daughter, and dog, Dr. Garner likes to fish, hike, canoe, and practice Tae Kwon Do.

ANGELO P. GIARDINO, MD, PHD, MPH

Chief Quality Officer for Medicine, Texas Children's
Hospital; Clinical Professor, Pediatrics, and Section
Chief; Academic General Pediatrics, Baylor College
of Medicine

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Angelo P. Giardino, a Professor of Pediatrics and Section Chief of Academic General Pediatrics at Baylor College of Medicine (BCM), received his medical degree and doctor-

ate in education from the University of Pennsylvania, completed his residency and fellowship training at The Children's Hospital of Philadelphia (CHOP), and currently serves as Vice President/Chief Medical Officer for Texas Children's Health Plan and is the Chief Quality Officer for Medicine at Texas Children's Hospital. He earned a Master's in Public Health from the University of Massachusetts, and is a Certified Physician Executive (CPE) within the American College of Physician Executives. He completed the Patient Safety Certificate Program from the Quality Colloquium, is certified in medical quality (CMQ) as designated by the American Board of Medical Quality. Dr. Giardino is a Fellow of the American Academy of Pediatrics (FAAP), sub-boarded in Child Abuse Pediatrics by the American Board of Pediatrics. He is a Board member for several national and regional boards. His academic accomplishments include publishing several textbooks on child abuse and neglect, presenting on a variety of pediatric topics at national and regional conferences. He is also co-editor of the C@R Journal of Applied Research on Children, Informing Policy for Children at Risk.

KENNETH GINSBURG

Professor of Pediatrics, Penn School of Medicine;
Director of Health Services, Covenant House
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Dr. Kenneth Ginsburg is a Professor who practices social adolescent medicine – medicine with special attention to prevention and the recognition that social context and stressors impact upon both physical and emotional health. The theme that ties together his clinical practice, teaching, research and advocacy efforts is that of building on the strength of teenagers by fostering their internal resilience. Dr. Ginsburg is the Medical Director for Covenant House, Pennsylvania, and a care system

that serves homeless, street and marginalized youth in Philadelphia. While the shelter-based clinic serves all of the health needs of its patients, it focuses on stress as the underlying force that drives most behaviors that risk good health. Dr. Ginsburg developed the teen-centered method, which is a mixed qualitative/quantitative methodology that helps youth to generate, prioritize and explain their own proposed solutions to social problems and to teach clinicians how to better serve them. He has more than 80 publications, including 20 original research articles, clinical practice articles and chapters, three books, and video/DVD productions.

LAURA HOGAN

Co-Director, Start Strong: Building Healthy Teen Relationships; Futures Without Violence, San Francisco, California

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Laura Hogan is Co-Director of Start Strong: Building Healthy Teen Relationships, a teen dating violence prevention initiative of the Robert Wood Johnson Foundation. Ms. Hogan joins the staff of Futures Without Violence, formerly Family Violence Prevention Fund, to offer leadership as part of the National Program Office to the eleven communities across the country engaged in creating healthy community environments for youth. Ms. Hogan comes to the Start Strong initiative with an extensive background in philanthropy and health programs. Previous to joining the Family Violence Prevention Fund, Ms. Hogan served as Vice President of Program for The California Endowment, the state's largest health foundation. She oversaw all activities of The Endowment's grant-making programs and initiatives, which total approximately \$160 million per year in funding to organizations and public institutions working to improve access to affordable, quality health care; increase the cultural

competence of California's health system; and improve community health for California's underserved communities. Prior to joining The Endowment, Hogan served as Executive Director at CommuniCare Health Centers in Davis, California, where she worked since 1980. As executive director, she oversaw a staff of 140 providing primary care, dental care, drug treatment and community education programs in six locations. Hogan has been an active volunteer in numerous capacities with California and National community-based and professional organizations. Most notably, Hogan served as board president of Grantmakers Concerned with Immigrants and Refugees, Insure the Uninsured Project, Social Interest Solutions, served in appointed positions in numerous state and local public policy advisory boards. Hogan holds a master's degree in Public Administration with a Health Services emphasis from the University of San Francisco and a bachelor's degree from the University of California, Berkeley.

BROOK HOLSTON

Line Producer

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Brook Holston is a Line Producer with many years of experience on documentaries and film productions of all kinds. She specializes in budgeting, scheduling and the myriad details and logistics of getting film crews and tons of equipment to the right place at the right time on planes, trains, boats, helicopters, underwater and over. Brook has most recently supervised documentaries for HBO, National Geographic Television, Discovery, BBC and PBS including Toxic Hot Seat, The Campaign, Shark Week's Great White Highway, Strange Days On Planet Earth, Jean-Michel Cousteau's Ocean Adventures and National Geographic Explorer. She graduated from the University of Georgia with a degree in Journalism and worked in television and

film production in the Atlanta area for many years before re-locating to the San Francisco Bay Area in 1998. She currently lives in Sausalito, California with her husband, cameraman Phillip Powell, and their two cats, Ginger and Miss Kitty.

NATALIE LEVKOVICH

Executive Director,

Health Federation of Philadelphia

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Natalie Levkovich has held a position of executive leadership of the Health Federation of Philadelphia (HFP) for nearly 30 years. HFP is a consortium of community health centers in the greater Philadelphia region, providing care to nearly 300,000 vulnerable and underserved individuals annually. As leader of this nonprofit public health organization, Ms. Levkovich has played a critical role in convening and connecting organizations in the public and private sectors and mobilizing resources to expand service capacity and increase access to care. Through exemplary leadership and creativity in program development, advocacy, training and coalition building, Ms. Levkovich has been responsible for a number of initiatives to change practice standards and increase efficiency of delivery systems. HFP initiatives are based on best practices, business strategy, effective organizing and sustained leadership focused on addressing community needs. The work of the Health Federation of Philadelphia, led by Ms. Levkovich, has been carried out through formal and informal collaborations with health providers, government agencies, funders, universities, community-based organizations and consumers.

JANE LOWE

Senior adviser for program development at the Robert Wood Johnson Foundation

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Jane Isaacs Lowe, PhD, is a senior adviser for program development at the Robert Wood Johnson Foundation and a member of the Vulnerable Populations Portfolio, which creates new opportunities for better health for society's most vulnerable members by investing in health where it starts—where we live, learn, work, and play. In this role, Lowe works on strategies related to community development and the social determinants of health, violence, and mental health. In addition, she is a member of the Foundation's Global Health Working Group. She views the her role as catalyzing new ways of addressing longstanding health issues, building partnerships and driving social change to improve the health of children, families and communities.

SUE MACKEY ANDREWS

Facilitator for the Maine Resilience Building Network Andrews

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Sue Mackey Andrews is the Facilitator for the Maine Resilience Building Network (MRBN), a collective impact initiative designed to promote ACEs awareness, education and prevention. The MRBN is an organic, "bottoms up" Network which was formed in April 2012 as an outcome of the Maine ACEs Study and currently includes 33 statewide and local initiatives representing diverse stakeholder groups, populations and projects. MRBN is currently funded by the Bingham Program, and continues to seek funding to promote their collective mission of ACEs education and prevention. Sue has resided in Maine since 1979 when she and her family moved to rural Piscataquis County, in the midst of mountains, lakes and the Appa-

lachian Trail. Before coming to Maine, she completed her undergraduate work in human development and family dynamics at the University of Massachusetts/Amherst, and continued graduate work in pediatrics at UMass and UMass Medical in Worcester. In 1992, she left state government and struck out on her own – building SOLUTIONS Consulting Group, LLC, which has consulted in 48 states and Puerto Rico in public policy, systems development and financing for comprehensive integrated 0-5 services. In 2008, Sue made the conscious decision to downsize her business and focus on sharing her knowledge and skills again in Maine. Sue is a member of the Maine Children’s Growth Council, the statutory body advising all branches of government about comprehensive services and supports for expectant families and those families with children ages 0-5. She is Chairperson of the Health Accountability Team focusing on ACEs as well as comprehensive “prenatal to the school door” screening. Locally, Sue serves on the School Board, is President of the Piscataquis County Economic Development Council and a leader in regional efforts to integrate early childhood development, family support and ACEs prevention as community development and economic opportunities.

SUSAN MINECK

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With more than 15 years of experience in the field of philanthropy, Suzanne Mineck is a recognized expert in non-profit leadership and fund development. She has had extensive experience in board management, project facilitation and strategic planning. Prior to joining Mid-Iowa Health Foundation in December of 2010, Suzanne was a consultant with The Stelter Company where she facilitated seminars, presented to national audiences, and provided one-on-one consulting for non-profit organiza-

tions. Suzanne has also held positions with St. Jude Children’s Research Hospital, the American Cancer Society, the University of Iowa, and the University of Memphis.

LAURA PORTER

Co-Founder of ACE Interface
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Laura Porter is Co-Founder of ACE Interface. Founded in July 2012 by Dr. Robert Anda and Ms. Porter, ACE Interface is an interdisciplinary group that accelerates the intergenerational changes necessary to improve health and quality of life. As originators of the science and community application of the ACE Study we develop and disseminate educational products and empowerment strategies focused on common origins of a wide variety of health and socio-economic problems. Ms. Porter concurrently serves as the Director of ACE Partnerships for Washington State’s largest agency: the Department of social and Health Services. She works with state managers and community leaders to embed ACE Study findings and related neuroscience and resilience findings into policy, practice and community norms. For seventeen years, Laura was Staff Director for the Washington State Family Policy Council. She worked with an extensive set of partners from seven state agencies, fifty three community collaboratives and thousands of residents to develop a unique model for improving the capacity of communities to improve child, family and community life. Using this model, communities align and leverage resources and generate more impactful strategies. Communities using the model have documented reductions in the rates of seven major social problems and adverse childhood experience prevalence among young adults. Cost savings from caseload reductions attributable to the Family Policy Council in child welfare, juvenile justice and public medical costs associated with births to teen mothers

alone exceed \$55m/biennium. For managing a complex system that delivers stunning results for a small investment, Laura won the Governor's Award for Leadership in Management in 2011. Laura is mother to three children, grandmother to three grandchildren. She holds a Bachelor of Arts degree from The Evergreen State College.

SUSAN D. PROMISLO

Senior Communications Officer, Robert Wood Johnson Foundation
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Susan Promislo, who joined the Foundation in 2002, oversees strategic communications for RWJF's Vulnerable Populations Portfolio, which creates new opportunities for better health by investing in health where it starts and grows—in our homes, schools and jobs. Previously, she was senior communications officer for the Foundation's Pioneer Portfolio. Having formerly supported the Foundation's communications efforts in the areas of childhood obesity and tobacco use and exposure, Promislo has coordinated many RWJF special programs and projects, including the Broadcast Health Series, Sports Philanthropy Project, TIME/ABC News Summit on Obesity, Nurse-Family Partnership National Forum, and The Shape We're In newspaper series. Previously, she was a research associate with the Annenberg Public Policy Center at the University of Pennsylvania. She also served as a summer associate in the Pew Charitable Trusts' public policy program and, prior to that, directed communications efforts for the Aspen Institute's Nonprofit Sector and Philanthropy Program in Washington, D.C. Promislo received an MA from the University of Pennsylvania's Annenberg School for Communication and a BA from Colgate University. Born in Connecticut, she now resides in New Jersey with her husband and two daughters.

JOSEPH PYLE

President, Thomas Scattergood Behavior Health Foundation
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Joseph Pyle, MA, has more than 30 years' experience in behavioral health, serving ten years as a CEO at various institutions including MeadowWood Behavioral Health System, Northwestern Institute of Psychiatry, Malvern Institute, Friends Hospital, and presently serving as President of the Thomas Scattergood Behavioral Health Foundation. Prior to his administrative positions, Pyle held various clinical positions including Clinical Director of Adolescent Services at MeadowWood Hospital and psycho-educational specialist at Philadelphia Child Guidance Clinic. He held special education teaching positions in the Pennsauken, New Jersey and Montgomery County Intermediate Unit school systems. Pyle sits on several non-profit Boards; the Board of the Family Planning Council where he has recently been appointed President. He has most recently been appointed to serve on the Board of Friends Behavioral Health System. He is a member of the Board of the Bartram Gardens and the Board of the Delaware Valley Grantmakers. He also serves on several advisory boards including WHYY's Health and Science Advisory Board and the Center for Nonviolence and Social Justice at the Drexel School Public Health. He serves on the recently formed Philadelphia Mayor's Office Food Access Collaborative. He has been appointed to the Holy Redeemer Advisory Board on Intellectual Disability Services. He has also served on the Boards of the National Association of Psychiatric Health Systems, the Delaware Valley Health Care Council, served as co-chair of the Pennsylvania Health Funders Collaboration and as a Council Member of the Pennsylvania Horticultural Society. A graduate of LaSalle University, Pyle holds a Master's Degree from Glassboro State College in School

Psychology. Mr. Pyle lives in Chester County with his wife and their two sons.

JAMES REDFORD

Producer & Director

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James writes, produces and directs for film and television. His latest directorial project, *Aces* (working title), is a documentary film that explores the emerging link between childhood trauma and life-long health problems – and what can be done about it. He recently co-directed *Toxic Hot Seat*, premiering on HBO in November 2013 and produced and directed *The Big Picture: Rethinking Dyslexia* currently airing on HBO. He also produced the film *Watershed* about the Colorado River and the acclaimed HBO documentary *Mann V. Ford*. Additionally, James wrote and directed *Quality Time*, an award-winning short comedy starring Jason Patric. He recently combined his passion for music and directing in Andain's new music video, *Much Too Much*. Other credits include producing *The Kindness of Strangers* which premiered at Sundance in 1999 and was picked up by HBO as well as adapting and directing Showtime's *Spin* starring Stanley Tucci, Dana Delany, and Ruben Blades. Redford also wrote the original screenplays for *Cowboy Up*, starring Kiefer Sutherland and Darryl Hannah as well as adapting Tony Hillerman's *Skinwalkers*, a PBS/*Mystery!* series that was the highest-rated PBS-scripted program of 2002. *The Acting Thing*, a comedic short written by James, was named best comedic short at the 1996 Houston Film Festival and aired on the Sundance Channel that same year. After surviving two liver transplants, James founded JRI, a non-profit dedicated to promoting a deeper understanding of the miraculous gift of organ donation. His live musical event, "Share the Beat", has been performed across the country with the help of notable talents such as:

Tim McGraw, Phil Vassar, Deana Carter, Ruben Blades, Dana Delaney, James Denton, Ryan Merriman, and Eric Stromer among others. James also plays guitar for Olive and the Dirty Martinis, a popular Bay Area rock and roll cover band. He is an avid surfer, cyclist, and skier and currently lives in Marin County, CA. To learn more, please visit www.jamesredford.com.

KRISTIN SCHUBERT

Team Director and Senior Program Officer

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Kristin Schubert, senior program officer and team director of the Vulnerable Populations program management team, believes the Foundation is uniquely positioned to promote and evaluate change in the health and well-being of the nation. She feels that "RWJF has the ability to step in where government and others can't go and influence the way people live for the better." Since joining RWJF in 2000, Schubert has focused chiefly on applying a public health perspective to the health issues faced by vulnerable populations, particularly vulnerable adolescents. She has created and led initiatives to prevent youth violence, promote better connection to health services, and address the needs of families who are involved in the justice and child welfare systems. She believes that the Foundation has played a vital role in "enabling youth and families to access opportunities to improve their health and well-being" and praises RWJF's pioneering approaches to helping vulnerable families get the care and services they need. Previously, Schubert was a policy analyst for the Centers for Disease Control-funded Prevention Research Center, focusing on barriers to health among vulnerable populations and youth health and development issues. Trained as a molecular biologist, she began her career as a cancer researcher at Memorial Sloan-Kettering Cancer Center in New York City. Schubert holds an MPH

in health policy and administration from Yale University and a BS in molecular biology from Lehigh University.

MARCIA STANTON

Founder and Facilitator, Arizona ACE Consortium and Senior Injury Prevention Specialist, Injury Prevention Center, Strong Families Program at Phoenix Children's Hospital
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Marcia Stanton, MSW coordinates the Strong Families Child Abuse Prevention Program at Phoenix Children's Hospital, an innovative program that provides education to hospital staff and the community on the importance of family strengthening and prevention of child maltreatment. She currently leads the Arizona Adverse Childhood Experiences (ACE) Consortium and their statewide "Strong Communities Raise Strong Kids" initiative, working to increase awareness of the impact of childhood trauma. Other activities include spearheading a statewide Triple P – Positive Parenting Program Planning initiative and efforts to end corporal punishment and promote positive discipline. She has a Master's degree in Social Work and a long history of personal interest and involvement in children and family issues. She is the 2009 recipient of the Greater Phoenix Child Abuse Prevention Council's Cherish the Children award, member of the Central Arizona Child Protective Services Citizen Review Panel, as well as an instructor and facilitator with Darkness to Light's Stewards of Children Sexual Abuse Prevention Program and recipient of the US Administration on Children, Youth and Families 2014 Commissioner's Award for outstanding service in child protection in Arizona

JANE STEVENS

Founder and Editor, ACES Too High and ACES Connection
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Jane Stevens is long-time science/health/technology journalist. She is editor of the news site, ACESTooHigh.com and its companion social network, ACESConnection.com. Her stories appear on Huffington Post and are distributed by other organizations. She is also writing a book about ACEs and trauma-informed practices. She is laying the foundation for a network of local health sites in California modeled on WellCommons.com, a social journalism site created while she was director of media strategies at the Lawrence (KS) Journal-World (2009-2011). She taught at UC Berkeley's Graduate School of Journalism and was the co-creator of the Knight Digital Media Center's multimedia training program (2000 – 2008). She has consulted with news organizations, including National Public Radio and Univision. She began her journalism career at the Boston Globe, and moved on to the San Francisco Examiner. After 12 years in newspapers, she founded a feature service with 20 clients worldwide, including the Los Angeles Times, The Washington Post, and Asahi Shimbun's AERA Magazine. She moved to the web in 1996 as part of the first group of video journalists at New York Times Television, and did multimedia reporting for the New York Times and Discovery Channel. For four years, she lived and worked in Kenya and Indonesia, and has been to Antarctica – in the winter -- three times on reporting fellowships. She's written for many magazines, including National Geographic. She is the recipient of several fellowships – most recently, the Knight-McCormick Leadership Institute Fellowship in 2010-2011, and the Reynolds Journalism Fellowship in 2008-2009. She is on the advisory board for ReportingonHealth.org, a site for the California Endowment Health Journalism Fellow-

ships, a member of the National Association of Science Writers, Journalism and Women Symposium, and the Online News Association.

ROY WADE, JR.

Instructor of Pediatrics, Children's Hospital of Philadelphia
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Dr. Wade is a pediatrician, Stoneleigh Foundation Fellow, and currently an Instructor of Pediatrics at the Children's Hospital of Philadelphia. He recently completed a Robert Wood Johnson Foundation Clinical Scholars Fellowship at the Perelman School of Medicine at the University of Pennsylvania. Prior to attending medical school, Dr. Wade earned a PhD in Molecular Microbiology from the Georgia Institute of Technology. Dr. Wade completed medical school at the Geisel School of Medicine at Dartmouth in 2007 and finished his pediatric residency at the University of Virginia in 2010. After residency, Dr. Wade completed a minority health policy fellowship at Harvard Medical School, receiving an MPH in Health Policy and Management at the Harvard School of Public Health. Throughout his career, Dr. Wade has worked to improve health outcomes for at risk populations. His career interests focus on the role childhood adversity plays in the persistence of health disparities, and using current knowledge of childhood adversity to improve community level systems of care. Using his experience in basic science, clinical medicine, health policy, and advocacy, Dr. Wade seeks to translate current research documenting the impact of the social environment on health and well-being into evidence-based strategies to address childhood adversity.

ROBERTA WAITE

Associate Professor & Assistant Dean of Academic Integration and Evaluation of Community Programs, Steven and Sandra Sheller Eleventh Street Health Center, Doctoral Nursing Department, Drexel University
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Roberta Waite, EdD, APRN, CNS-BC, FAAN is a tenured Associate Professor and serves as the Assistant Dean of Academic Integration and Evaluation of Community Programs. She is a graduate of Widener University (BSN) and the University of Pennsylvania (MSN). She also earned a Doctorate in Higher Education Administration-Leadership from Widener University and completed a 2-year post-doctoral research fellowship (T32) at the Center for Health Disparities Research at the University of Pennsylvania. Dr. Waite is also a Macy's Faculty Scholar, The Josiah Macy Jr. Foundation. Her clinical scholarly work focuses on help-seeking behaviors and treatment engagement with particular interest in depression, adult ADHD, and trauma and adversity among diverse populations. Specifically related to trauma, Dr. Waite and her research team replicated the ACEs study at the Eleventh Street Family Health Services of Drexel University ("The Center") 2009-2010. Currently they are looking at prevention and intervention measures across the life course perspective for patients who receive care at The Center, recognized as a Medical Home. The Center is also in the process of becoming Sanctuary Certified. Her research trajectory focuses on understanding these experiences, their effects on health behaviors, and responses in adult populations. She continues to explore behavioral research outcomes that promote early identification and recovery for individuals and families so that services and resources are provided to manage, mitigate, and avoid adverse health outcomes. Dr. Waite has served on the Foundation

Board of Directors for the International Society for Psychiatric Mental Health Nurses, the Mental Health America of Southeastern PA, the Southeastern Area Pennsylvania Black Nurses Association, and the Black Women's Health Alliance. She currently serves on the Board of Directors for the National Attention Deficit and Disorder Association and Board of Directors and Sponsor for the new consolidated Trinity Health and Catholic Health East organizations. She received an MSW in administration, policy and planning from Rutgers University and a BA from West Virginia University. She is a member of Grantmakers in Aging, the American Society on Aging, and Grantmakers Concerned with Immigrants and Refugees.

HEATHER ZENONE

Program Manager, Policy Research Center, National Congress of American Indians

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Heather Zenone (Cherokee) is a graduate of the University of California at Berkeley and the Berkeley School of Law (Boalt Hall) focusing on Federal Indian Law with a curricular certificate in Social Justice. Heather's primary interests are in data, data quality, and technology. Heather used training in systems thinking, organizational and project management, and cross-cultural communication and facilitation to lead Indian child welfare, tribal TANF, workforce development, and popular referenda efforts. Heather relies on her education and training to collaboratively develop research, policy, data systems, and services in academic, tribal, government-to-government, and state-level contexts. She taught academic research and writing skills at the university level, and has designed and implemented research on health services available to American Indian youth.

Facilitator

JASON D. ALEXANDER

Principal and Co-Founder,

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Jason D. Alexander, MPP, is a Principal and Co-Founder of Capacity for Change, LLC. Capacity for Change nourishes public, nonprofit and philanthropic organizations that are the heart of vibrant, engaged and healthy communities. Since 2001, Jason has helped nonprofit, philanthropic, government, community-based and other social value organizations to design and implement mission-driven, innovative and sustainable strategic plans, partnerships and business models. Jason has also taught and guest lectured for Leadership Philadelphia and the University of Delaware Nonprofit Management Certification Course, among others. Previously, Jason facilitated the creation of strategic technology alliances in underserved communities as a project manager for the Massachusetts Technology Collaborative, a division of the Massachusetts Department of Economic Development. Jason earned his Master's in Public Policy from the University of Delaware with a specialization in nonprofit management and community development. Jason's publications have appeared in the Philadelphia Social Innovations Journal, The Journal of Public Administration and Management, and Community Politics and Policy. In June 2013, Jason joined the Brandywine Health Foundation's Board of Directors.

Writer/Documentarian

ANNDEE HOCHMAN

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Anndee Hochman is a Philadelphia-based writer whose work--on topics including child welfare, health, spirituality and the changing American family--has appeared in O, the Oprah Magazine, Marie Claire, Working Mother,

The Philadelphia Inquirer and elsewhere. Her essays have been published on Newsworks.org, the Huffington Post and Literary Mama. Hochman is the author of Anatomies: A Novella and Stories (Picador USA) and Everyday Acts & Small Subversions: Women Reinventing Family, Community and Home (The Eighth Mountain Press). For more than 20 years, she has taught writing to children, teens and adults in settings including schools, community centers, juvenile detention facilities and a small fishing village on Mexico's Pacific coast.

ALISON BYRNE FIELDS

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**DEBBIE FLEISHMAN, RHONA GERBER,
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*Effective 2/2014, programming from Institute for Safe Families is now housed at the Health Federation of Philadelphia, where Carolyn is Operations Manager for Institute for Safe Families Transition and ACEs Project

WENDY L. YALLOWITZ

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Addendum:

LESLIE LIEBERMAN

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