

Building Strong Brains: Tennessee's ACEs Initiative's Organizational Capacity and Transformation Report

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Background

The Haslam Administration, in partnership with the ACE Awareness Foundation in Memphis, launched *Building Strong Brains: Tennessee's ACEs Initiative* in Fall 2015. The Initiative is a “major statewide effort to establish Tennessee as a national model for how a state can promote culture change in early childhood based on a philosophy that preventing and mitigating adverse childhood experiences, and their impact, is the most promising approach to helping Tennessee children lead productive, healthy lives and ensure the future prosperity of the state.”¹ Activities for the effort kicked off with the ACEs Summit on November 12, 2015.

Following the Summit, three Symposia occurred over the course of the next 18 months. The first Symposium on May 11, 2016 focused on *The Science of Biology/Physical Science*; the second Symposium on November 28, 2016 focused on *The Science of Programmatic Innovations*; and the third Symposium on April 18, 2017 focused on *The Science of Policy Innovations*. Symposia were open to all individuals involved in any capacity with the ACEs Initiative and those interested in learning more about ACEs.

Intermittent with the Symposia, three FrameLabs were facilitated by the FrameWorks Institute across Tennessee. Content was largely the same for all three FrameLabs and aimed to equip attendees - both experts in the field and non-experts - with innovative strategies for “framing” communication about ACEs and related solutions. FrameLabs occurred in two parts. Part 1 involved interactive learning experiences extending over a two day period followed by a one day experience approximately one month later. Although content was largely the same across all three FrameLabs, FrameLabs targeted different audiences. The first FrameLab, held in Spring 2016, was developed for the Public Sector Steering Group, TCCY Regional Directors, and selected Private Sector Groups. The second FrameLab, held in Fall 2016, and third FrameLab held in Spring 2017, were designed for Healthcare Providers, Insurers, Health Departments, Medical Schools, Educators, Business Leaders, Faith Community, Judges, Nonprofit Organizations, Trade Associations, Advocates, and Private Sector Groups. A fourth FrameLab was conducted in May 2017 in response to high demand.

The ACE Awareness Foundation provided the majority of funding for the Summit, Symposia and FrameLabs discussed in this report.²

Purpose and Methodology

The *Building Strong Brains Initiative* is committed to raising awareness about the impact of Adverse Childhood Experiences (ACEs) in Tennessee and building capacity to prevent and mitigate ACEs in the future. The Initiative is committed to seeking feedback from its members, grantees, and those who have attended a sponsored activity to determine what is working well with the Initiative and what improvements might need to be made. The College of Social Work Office of Research and Public Service (SWORPS) at the University of Tennessee was contracted to develop and implement a web-based survey to collect systematic feedback from all members and participants.

¹ <https://www.tn.gov/dcs/topic/building-strong-brains-tennessee-aces-initiative>

² Funds to support data collection for this report were also provided by the ACE Awareness Foundation.

Individuals who have served on the Coordinating Team, the Public Sector Steering Group, the Private Sector Steering Group; Building Strong Brains grantees; and those who attended an Initiative sponsored activity were invited to participate in the survey. The purpose of the survey was to provide those associated with the Building Strong Brains Initiative an opportunity to share their opinions and suggestions for the future of the Initiative. Questions were designed to seek input about the structure and accomplishments of the Initiative; feedback on sponsored activities; and recommendations for the Initiative's future direction and sustainability. Both close-ended and open-ended questions were included to allow for fuller and wider breadth of feedback.

Invitations to participate in the survey were emailed on April 19, 2017 to 943 individuals. Those who had not completed the survey received three additional requests to complete the survey. Of the 943 individuals who received an invitation, 340 answered at least one question of the survey and 289 completed the survey in its entirety. This sample size is sufficiently large to allow for the results to be generalized to the larger group with a +/- 4.2% margin of error. Full results of the survey can be found in the Appendix.

Who completed the survey?

Survey participants were asked to identify their involvement with the *Building Strong Brains Initiative* by selecting their role in the Initiative and which sponsored activities they had attended.

- Participants in T4T sessions accounted for more than half of the respondents but all groups were well represented in the survey (see Table 1).
- One out of five respondents (21.8%) attended more than one sponsored activity.

Respondents were also asked to indicate how long they had been involved with the Initiative.

- About one-third indicated they had been involved from the start of the Initiative (see Figure 1).
- Almost half (46.5%) indicated they had become involved in the past 6 months or less.

In addition to their involvement with the Initiative, respondents were asked to identify their organization's focus area and their personal role within the organization.

- The majority of respondents were currently working in the education and training sectors or in a social services and child welfare agency (see Figure 2). A further breakdown of sub-categories within each sector can be found in Table A-20 in the Appendix.
- Almost half of the respondents (47.9%) currently serve in an Administrative Leadership or Management role (see Table 2).

What is your role and/or interaction with the state's Building Strong Brains Initiative? (n = 340)		
	Frequency	Percentage*
Member of ACEs Coordinating Team	17	5.0
Member of Public Sector Steering Group	22	6.5
Member of Private Sector Steering Group	16	4.7
Attended the Summit	112	32.9
Attendee at a Symposium	112	32.9
Participant in a FrameLab	71	20.9
Participant in T4T	177	52.1
BSB ACEs Innovations Grantee	25	7.4
Other	76	22.4

*Participants could choose more than one category so total percentage exceeds 100%

Table 1. Role with the state's Building Strong Brains Initiative

Length of Involvement with the Building Strong Brains Initiative (n = 340)

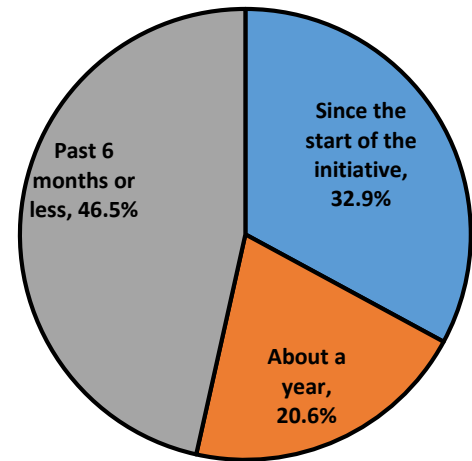


Figure 1. Length of involvement with Building Strong Brains Initiative

Organization's Area of Work (n = 288)

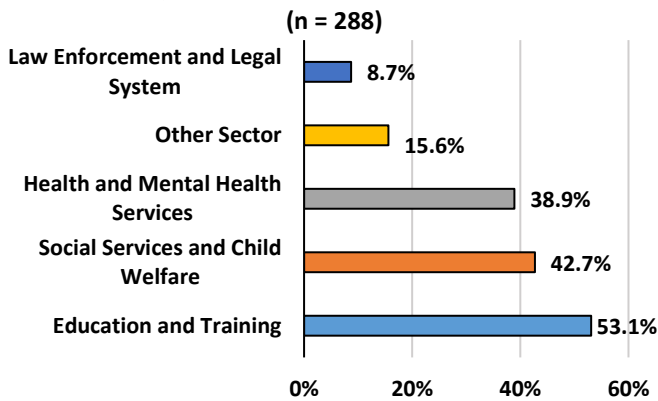


Figure 2: Organization's area of work

Which of the following describes BEST your role in your organization, agency, or business? (n = 340)

	Frequency	Percentage
Administrative Leadership	103	30.3
Management	60	17.6
Trainer	44	12.9
Direct Service Provider	30	8.8
Policy/Program Staff	24	7.1
Front Line Supervisor	15	4.4
Other	64	18.8

Table 2. Role in organization

Findings and Discussion

The *Building Strong Brains Initiative* is a major statewide effort to model how a state can promote culture change to better prevent and mitigate adverse childhood experiences (ACEs). The Initiative operates under the auspices of the Three Branch Institute and is guided by an ACE coordinating team.³ The focus of this study was to measure progress toward the goals of the Initiative and to solicit input on strategies for sustaining the efforts to transform how Tennessee addresses ACEs.

Building Strong Brains Initiative Organizational Structure

One of the purposes for conducting the survey was to determine whether the current organizational structure for the *Building Strong Brains Initiative* was meeting the needs of participants and making sufficient strides toward achieving its goals. Questions were posed to members of the ACEs Coordinating Team, Public Sector Steering Group, and Private Sector Steering Group to measure how they viewed the overall structure and health of the communication within the organization. Questions were designed to inquire about organizational structure and communication between partners; effectiveness of leadership; effectiveness of collaboration; and availability of resources.

Questions asking about several attributes that contribute to the strength of an organization were posed to these members. When asked about the structure of the Initiative, a majority of responses indicated that the current structure is working well in their efforts to address social, cultural, and economic causes of adverse childhood experiences. Most also agreed that power within the Initiative is distributed adequately and is not concentrated in one organization or sector. Moreover, communication within the organization was reported to be healthy (see Figure 3).

- Eight out of ten (81.6%) reported the current structure was working well to support efforts in addressing issues that contribute to ACEs.
- Less than one out of five (18.9%) stated the organization was dominated by one sector or organization.
- Additionally, three out of four (75.6%) reported that power was shared among partners to ensure the best interests of the Initiative were served.
- As further evidence of the current organizational structure working well, 83.3% indicated that leaders within the Initiative resolve conflicts effectively and balance power among partners. Also, a large majority (79.1%) indicated there was open communication between partners and 66.5% indicated that they are kept well informed about what is going on with the Initiative.

³ https://tn.gov/assets/entities/dcs/attachments/Building_Strong_Brains,_OVERVIEW__MISSION_6.10.16.pdf

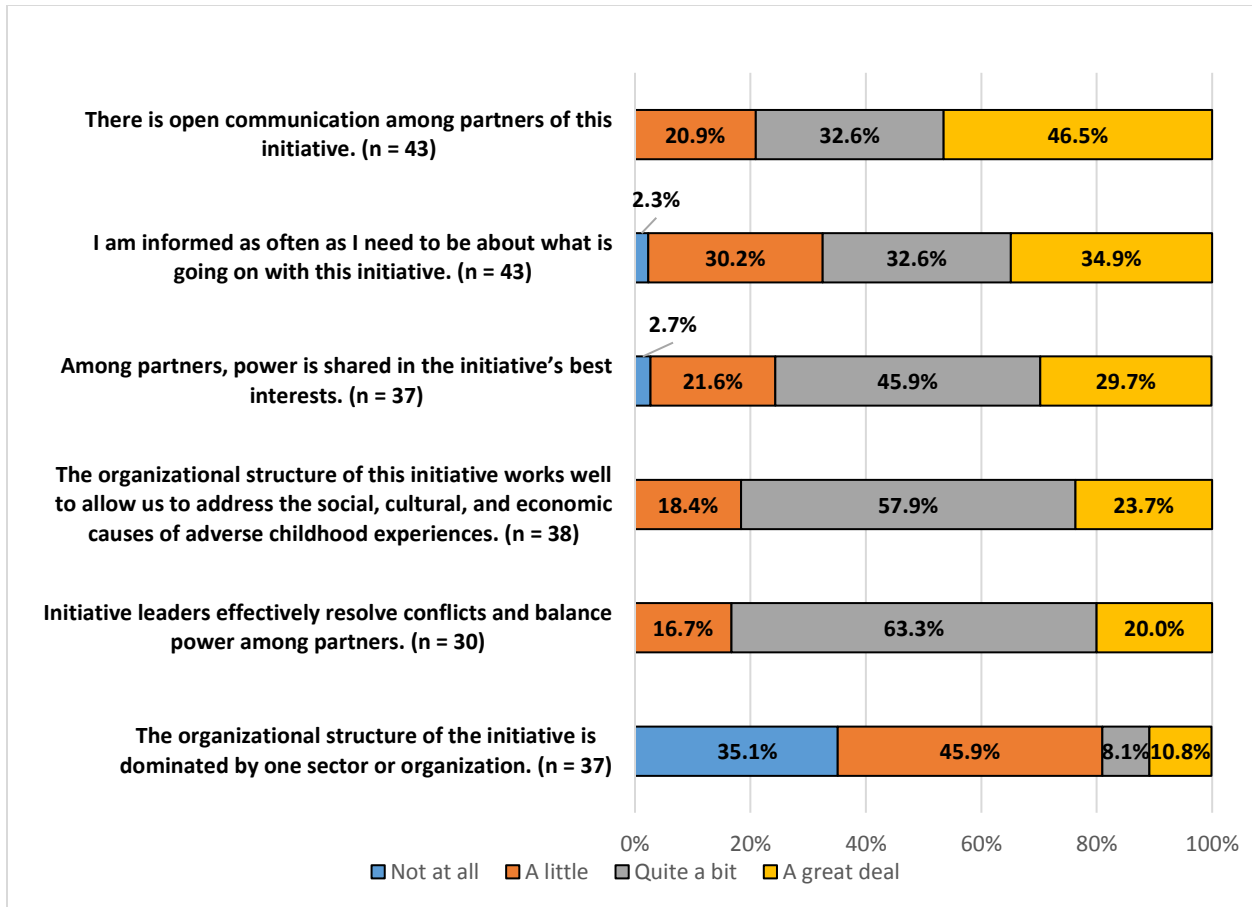


Figure 3. *Building Strong Brains Initiative Organizational Structure*

Influence of Organization's Members

Perhaps as important as creating an effective structure for an initiative is ensuring that the “right” people are engaged. It is essential for the success of any initiative to include people who are able to wield enough influence and power to leverage positive media coverage to foster community support. According to the results of the survey, leaders of the *Building Strong Brains Initiative* have the necessary influence and are using the tools available to them to raise awareness about ACEs (see Figure 4).

- Eight out of ten (82.9%) indicated that Initiative leaders have the community standing and authority to bring the necessary organizations and resources together to effectively promote the Initiative.
- More than three out of four (78.0%) signified the leaders are using effective messaging to raise awareness about ACEs and to build political will to address the issues surrounding ACEs.
- Members of the Initiative have reportedly also been successful in securing public recognition and media coverage for their work in this area. More than two out of three (69.4%) chose either “Quite a bit” or a “Great Deal” when asked if positive recognition has been awarded to those working to raise awareness about ACEs.

- The ability to adjust other responsibilities to allow time and effort to be focused on raising awareness was somewhat less likely to be reported. Only six out of ten (60.0%) stated their responsibilities had been adjusted “Quite a bit” or a “Great deal” to devote efforts toward working with the Initiative.

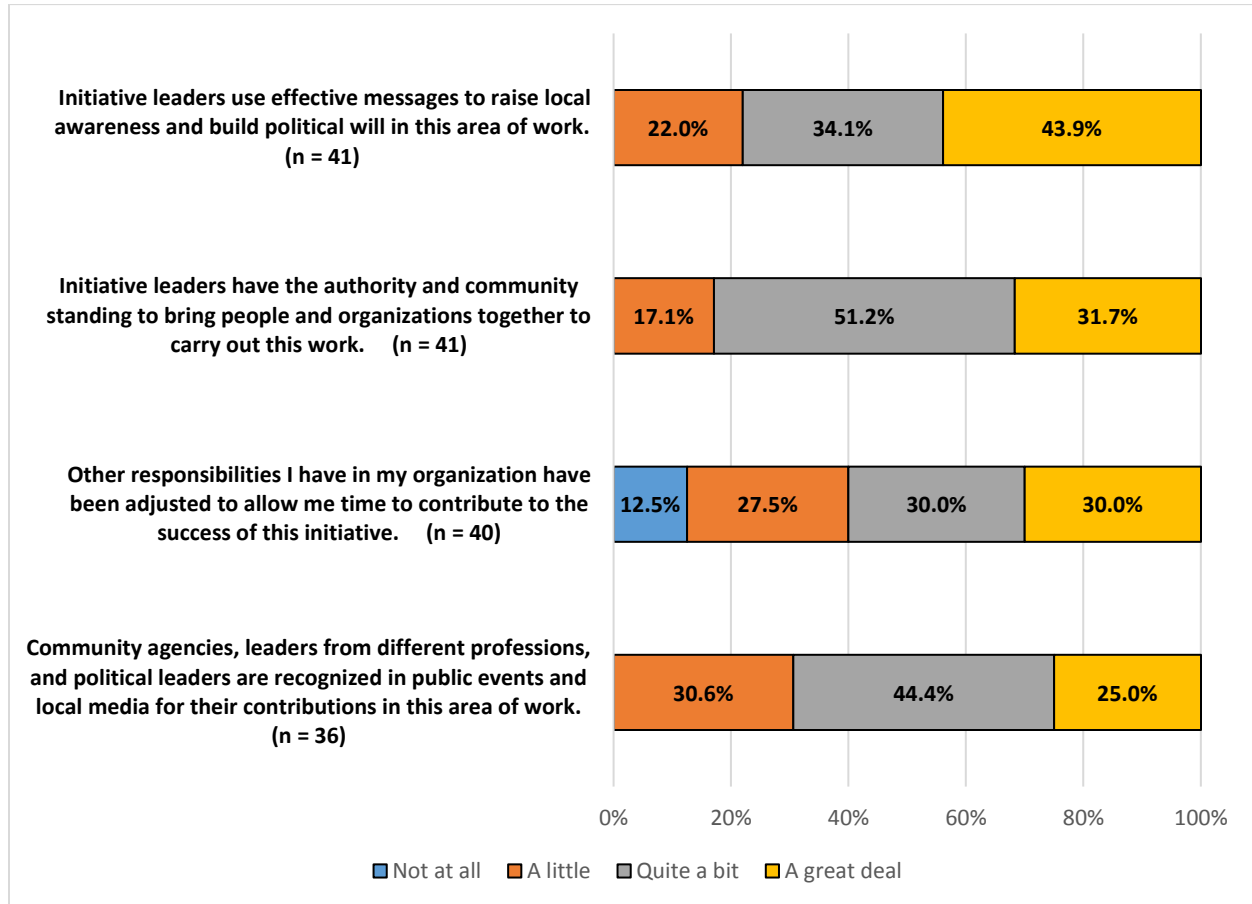


Figure 4. Building Strong Brains Initiative's Organizational Members

Capacity and Resources

Seeking input about the sufficiency of resources and adequacy of structural capacity was also addressed in the survey. Members of the ACEs Coordinating Team, Public Sector Steering Group, and Private Sector Steering Group were also asked to reflect on the level of current assets and resources in Tennessee to raise public awareness about ACEs and to promote efforts toward the prevention and mitigation of their effects. While some areas were rated quite high, responses indicate that more work is needed in other areas (see Figure 5).

- There was agreement reported that Tennessee currently has a strong network of formal and informal institutions necessary to carry out the mission of the Building Strong Brains Initiative. More than eight out of ten (83.4%) stated these networks existed either “Quite a bit” or a “Great deal”.

- However, there was less agreement expressed that Tennessee has the necessary resources to foster change in the state. Approximately one out of six respondents (16.2%) chose “Not at all” when asked if enough resources were available and only half indicated (51.3%) indicated “Quite a bit” or a “Great deal”.

Members of the organization were asked about the adequacy of a four specific resources available in the state. Perceptions were mixed about the sufficiency of services needed to carry out the Initiative’s mission.

- Availability of training and assistance received the highest ratings of all resources included in survey questions. More than three out of four respondents (78.6%) indicated they felt training resources were sufficient.
- Additionally, most agreed that Tennessee has the capacity to review the best research necessary to inform funding decisions to promote innovation and fresh thinking at the state and local level.
- However, there was significantly less agreement that Tennessee has the necessary staff capacity and expertise to analyze data or use data for decision-making. Furthermore, fewer people reported confidence that Tennessee has access to data sources and systems needed to track progress and identify successes or opportunities for improvement.

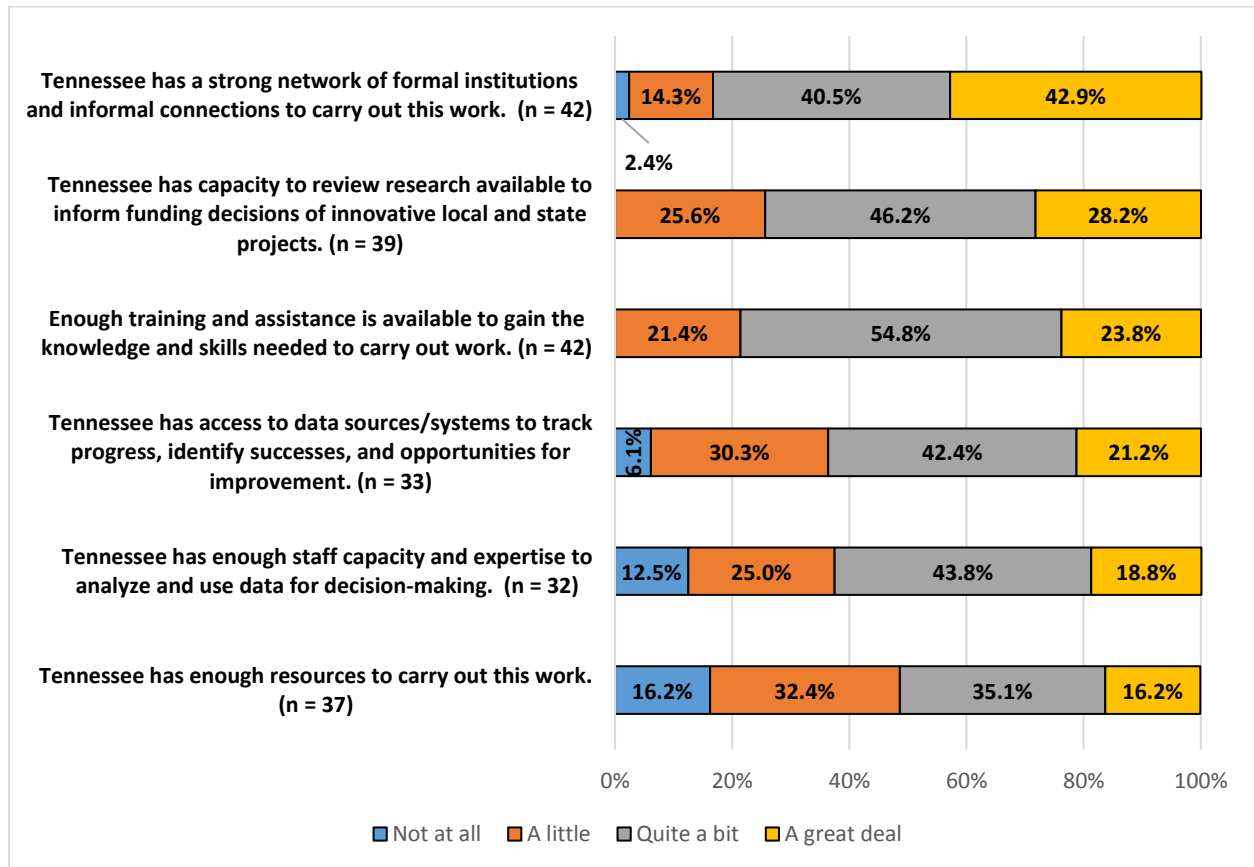


Figure 5. Building Strong Brains Initiative's Capacity and Resources

Collaborative work

Embedded in the mission of the *Building Strong Brains Initiative* is the need for collaboration among agencies and organizations serving children and families to effectively reduce ACEs and mitigate the impact of trauma. Participants in the Initiative were asked to offer their thoughts on the progress being made through collaborative work in three areas: shifting resources to ACE-related interventions; mobilizing allies to advocate for policy change; and combining efforts to offer seamless support for children and families dealing with ACEs. Less agreement was reported that progress was being made in these areas than for others discussed above (see Figure 6).

- Almost one out of ten (8.1%) indicated that the goal of providing seamless support for children and families had not been met at all while 16.2% thought a great deal of progress had been made in this area.
- Only one out of five (21.1%) reported that a great deal of success had been made in mobilizing allies to lobby for needed policy changes and funding to address ACEs in Tennessee.
- Finally, only three out of ten (29.7%) stated that a great deal had been accomplished in efforts to shift needed resources to implement ACE-related interventions.

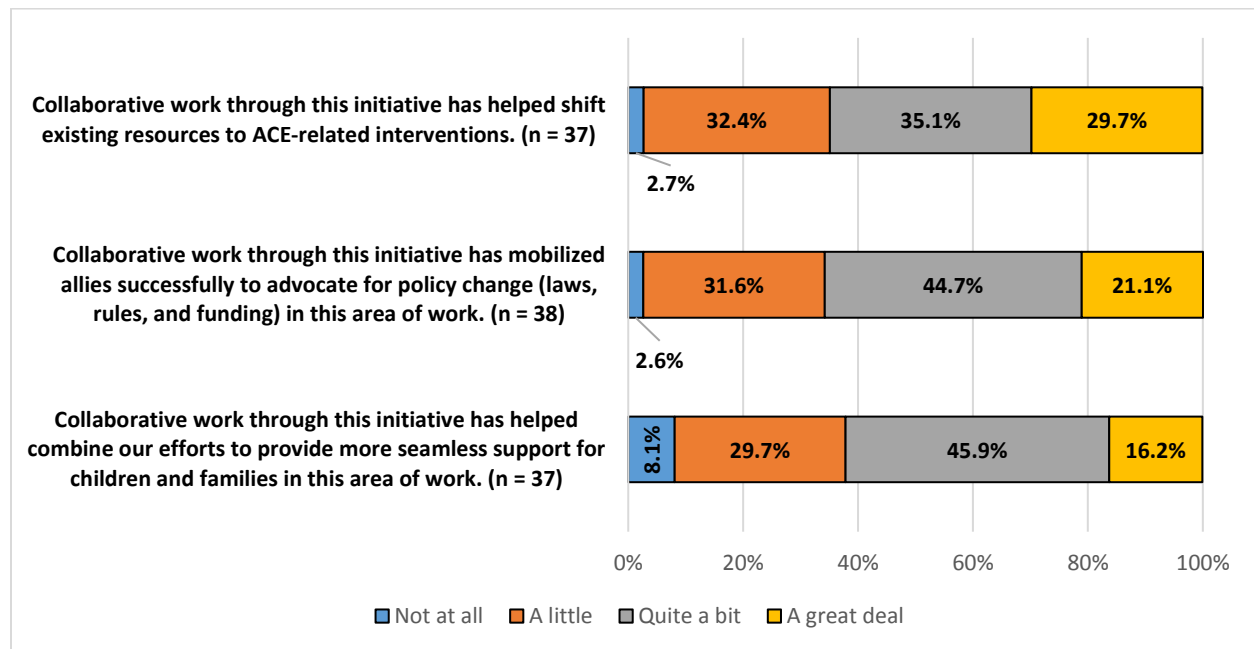


Figure 6. *Building Strong Brains Initiative's Collaborative Work*

Accomplishments of the Initiative

The *Building Strong Brains Initiative* established ambitious goals to inform strategies for preventing and mitigating the effects of adverse childhood experiences. These goals serve as targets for the Initiative as it orchestrates a paradigm shift in how childhood toxic stress is recognized and reduced. The Initiative established eight benchmarks with a goal of achieving them in three years. Survey respondents were asked to rate the degree to which they believed these goals had been met. The four-point scale used for the questions was anchored by “Not at all” on the low end and “A great deal” on the high end. Some progress toward achieving all benchmarks was reported. However, results indicate that the amount of progress was not believed to be consistent across all benchmarks. More progress had been made toward the accomplishment of some goals than others. To best illustrate this variation, an average was calculated for each benchmark. Higher averages reflect respondents’ belief that more progress has been made toward reaching the benchmark (see Figure 7).

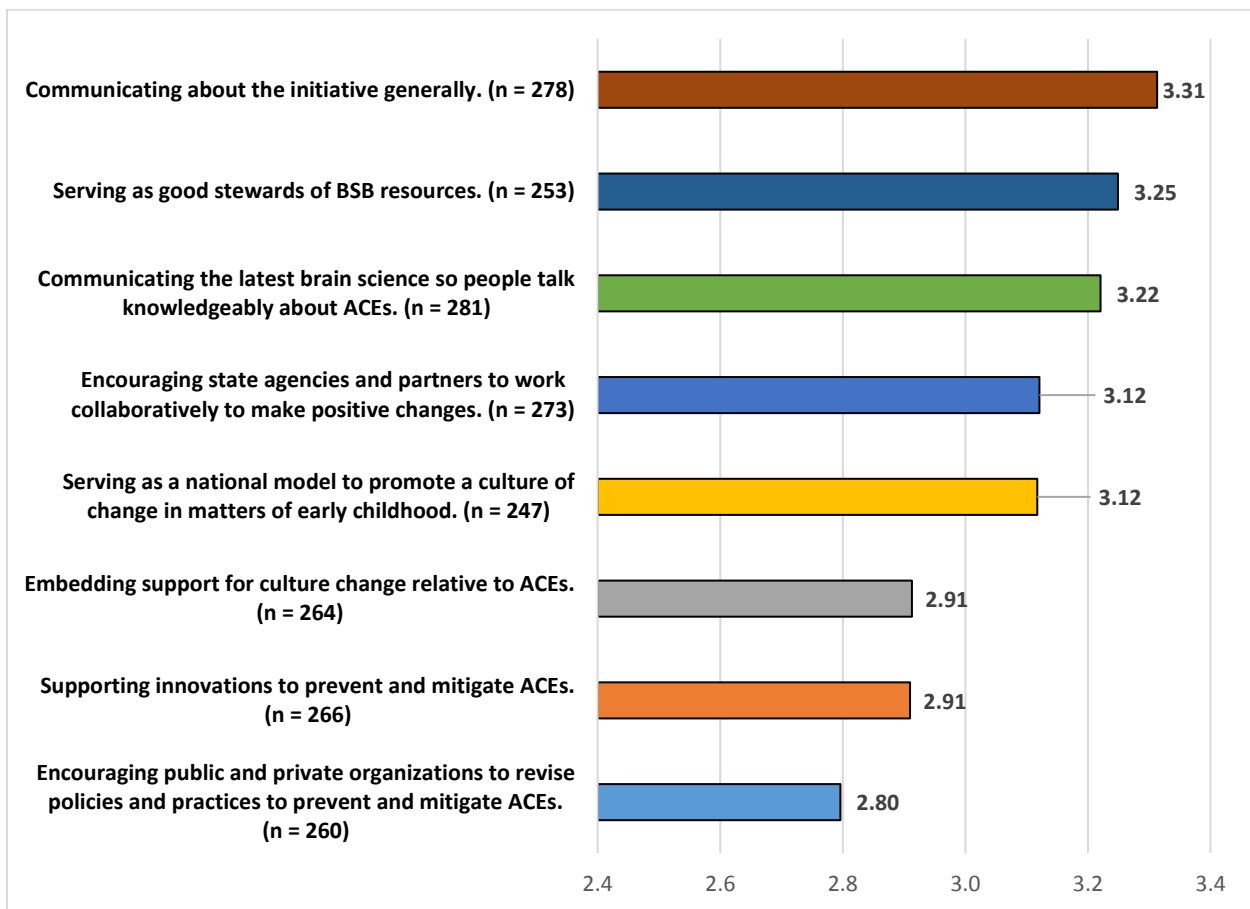


Figure 7: Progress Toward Meeting Benchmarks

More than four out of ten respondents indicated that a "Great deal" had been accomplished toward reaching goals related to communication, being good stewards of resources, and serving as a national model to promote changing the "lens" for how early childhood is viewed.

- Specifically, the benchmark to communicate about the Initiative in general received the highest marks. Almost half, (47.1%) of those responding indicated a "Great deal" had been accomplished and 39.1% indicated that "Quite a bit" had been accomplished so far.
- Additionally, sharing information about the latest brain science to improve knowledge about ACEs also received high marks. Eight out of ten respondents (80.5%) indicated that either a "Great deal" or "Quite a bit" had been accomplished toward this goal.
- A large majority (74.1%) also reported the *Building Strong Brains Initiative* had accomplished at least "Quite a bit" toward its goal of serving as a national model for promoting a culture of change in matters of early childhood development.
- Respondents were slightly less likely to report that the Initiative had accomplished a "Great deal" toward promoting collaborations between state agencies and their partners. Almost eight out of ten respondents (78.8%) indicated that either "Quite a bit" or a "Great deal" had been accomplished for encouraging the collaborations.

Less progress was reported toward meeting benchmarks that focus on changing public policy and programs needed to prevent and mitigate ACEs and on providing proper support needed for these efforts. Less than one out of three respondents reported that a "Great deal" had been done to reach these benchmarks.

- 27.8% of respondents indicated a "Great deal" had been done to embed support for cultural change and to support innovations to prevent and mitigate ACEs.
- 23.8% of respondents reported that a "Great deal" had been done to revise policies and practices to prevent and mitigate ACEs.

Transforming Organizations

One of the goals of the *Building Strong Brains Initiative* is to increase the potential that all children born in Tennessee have the opportunity to lead a healthy, productive life. A further goal is for government and private organizations to embrace ACEs concepts as they make policies and create services for Tennessee children and families. Respondents were asked to reflect on the current status of their organization’s progress toward integrating ACEs concepts into its work. Two out of three (66.2%) indicated at least “Quite a bit” of progress had been made toward this integration. This was especially true for those who reported higher levels of power to influence change within their organization – 77.4% of those with higher levels of power compared to 31.8% who reported lower levels of influence.

A series of questions was designed to measure how the *Building Strong Brains Initiative* had influenced organizations across the state. Specifically, respondents were asked to reflect on how much influence the Initiative has had on increasing awareness of ACEs and adoption of ACEs philosophy within their organizations. Furthermore, they were asked to reflect on the Initiative’s impact on day-to-day operations, funding, and programmatic decisions within their organizations.

The largest reported impact on organizations was an improvement in the knowledge base of staff members about ACEs, resilience, and healthy child development. Half of those responding (49.2%) indicated that a great deal of improvement had been realized for staff in their increased knowledge about ACEs. Less change and influence was reported for widespread integration of ACEs concepts into organizational philosophy, practices, and procedures. Less than one out of four respondents, (21.2% and 23.1%, respectively) stated that a great deal had been accomplished toward full integration in these areas (see Figure 8).

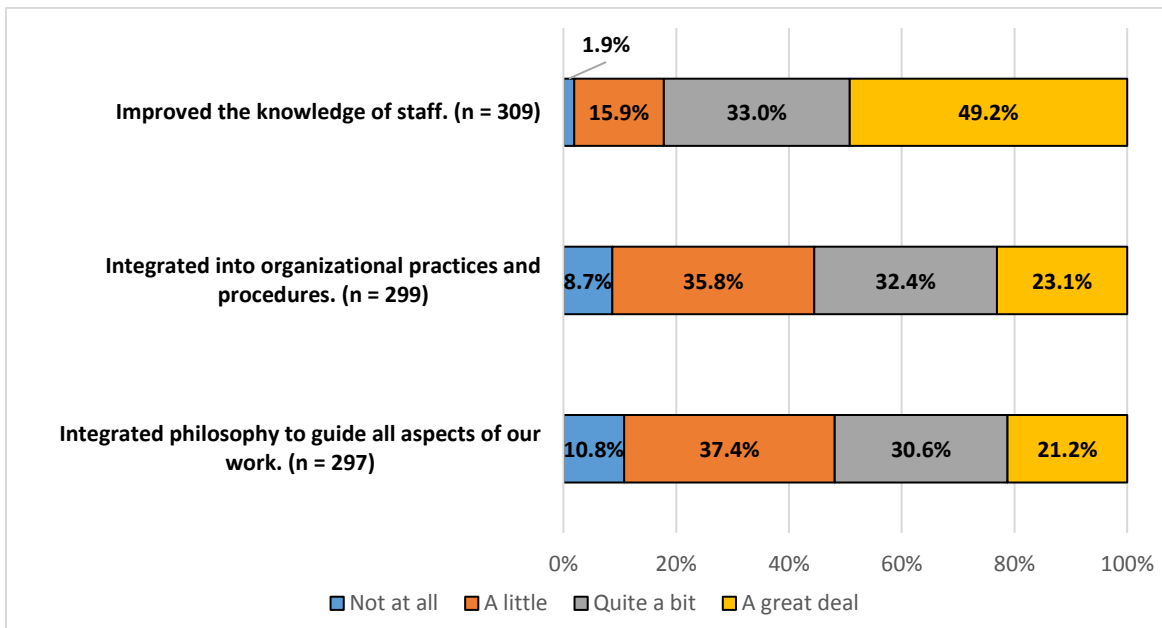


Figure 8: Influence of *Building Strong Brains Initiative* on Organization

Questions were also included to seek input on how the *Building Strong Brains Initiative* had influenced the allocation of resources, creation or adjustments in programming or services provided, and the day-to-day professional practices. Respondents were more likely to report higher levels of impact on existing programs or services and on day-to-day operations than on changes in funding or on new programs being offered. In fact, almost one out of four (23.5%) indicated that no impact had been realized in new programs or services being offered (see Figure 9).

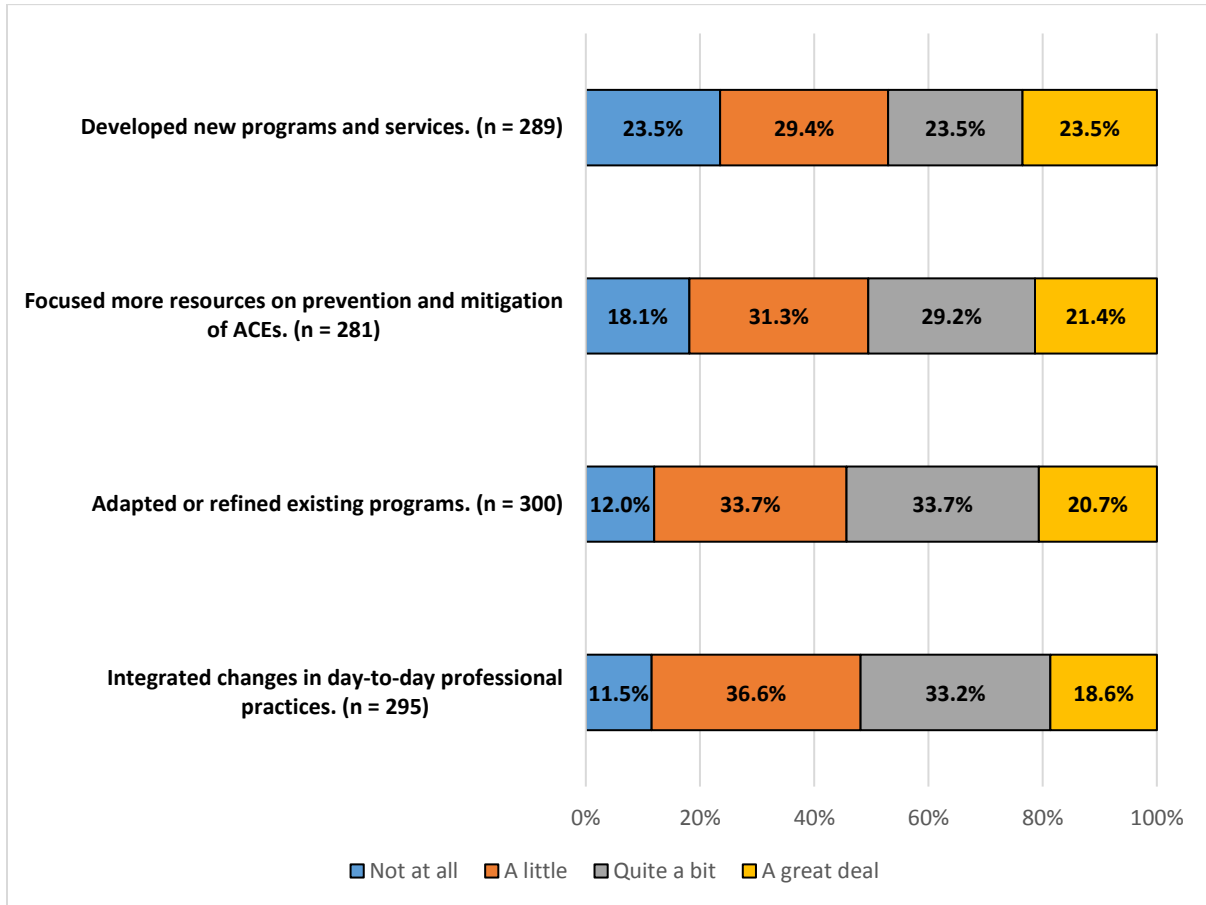


Figure 9: Influence of *Building Strong Brains Initiative* on Programs and Practices

Respondents were also asked to reflect on how the *Building Strong Brains Initiative* has influenced their organization’s interactions with other agencies and how they share information within the community.

- More influence was reported in the area of increasing community awareness about ACEs and enhancing collaborations with other organizations. Approximately six out of ten respondents (60.4%) indicated that the Initiative had influenced their organization “Quite a bit” or a “Great deal” in aiding their efforts to promote community awareness. Similar responses were provided (61.6%) when asked about efforts to forge collaborative relationships with organizations who might be working in other sectors.
- Less influence was reported in efforts to improve policy advocacy. Only four out of ten respondents (41.0%) felt that similar progress had been made in this area.

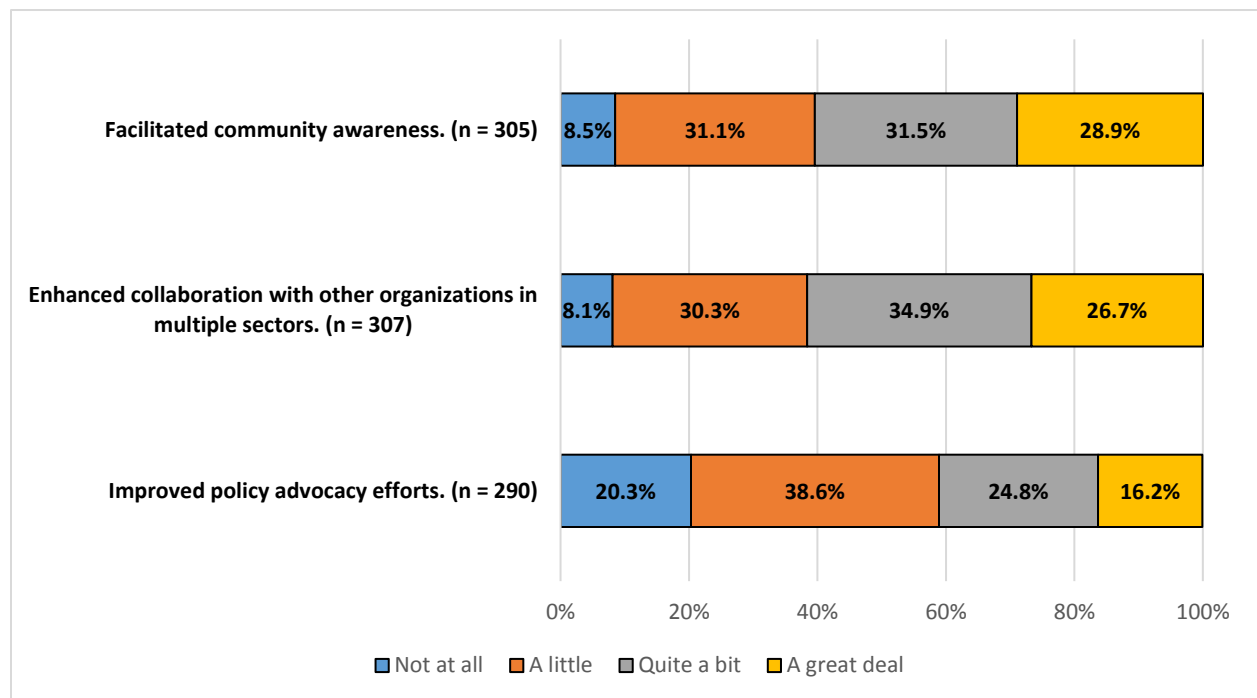


Figure 10: Influence of *Building Strong Brains Initiative* on Work with Public and Other Organizations

While many respondents did not attribute a great deal of direct impact from the *Building Strong Brains Initiative* on their organization, virtually all (276) were able to provide at least one example of how the ACEs philosophy had been integrated into their organization.

A recurring theme that emerged from comments about how the ACEs philosophy had been integrated into organizations and workplaces was recognition that a paradigm shift had occurred. In other words, many reported the adoption of a new "lens" for viewing clients, students and co-workers. Many offered an example of how a **new approach** had been adopted and how this new approach was influencing interactions within the organization and in how the organization approaches the communities they serve.

"I utilize it to help staff think about how they are supporting one another -- building safety, emotional safety in the work environment."

"We are trying to integrate the idea of thinking "what happened to you" right off the bat as a way of helping us figure out where to go next with parents."

"We are more mindful that our audience may have experienced ACEs or work with those who have experienced ACEs so that we are intentional in our approach to training events."

"We have pledged to look for the "What has happened to you" as opposed to "What is wrong with you" when we are dealing with behavior issues."

"Because of the training and awareness this court has experienced in the past year in relation to ACEs, it has focused even greater attention to investigating what is happening to the children who come into our court and what type of service can we provide to break the cycle of ACEs in that family."

"It has helped me in interpreting problems experienced by my clients."

"We have talked about the level of ACEs for each of our preschool students and the toxic stress that they may be experiencing. We changed how we relate to them and the words we use to help them identify their feelings and resolve conflict."

Many comments also suggest that adoption of the new philosophy has been translated into changes in day to day operations. One of the most commonly expressed change was the inclusion of questions about ACEs on **intake and screening forms** for new patients or clients.

"We administer the ACE at intake and use it to guide our services."

"Providers and clinicians now discuss information about ACEs when determining treatment planning for clients."

"Resident pediatricians are recognizing that asking about ACEs is important when assessing behavior problems."

Another example commonly discussed of how ACEs philosophy had been adopted was the inclusion of ACE-related information for **training education and medical personnel, staff, and volunteers**. Additionally, several shared that some colleges have adopted ACEs into their undergraduate and graduate curriculum.

"We have provided trainings to school staff on strategies to use in classrooms that create a trauma-informed environment."

"I have been able to provide ACEs training to our School Resource Officers. Officers were very responsive and implied this training will give them a new lens for doing their job."

" Program has updated its training for pediatricians with new ACEs information. This training will be presented across the state starting in the summer of 2017."***

"I trained this material to Client Representatives who work directly with TANF clients. The Client Reps have told me that this was the most valuable training that they have had in directing their approach and interactions with their clients"

"We have started training all of our staff in the importance of prevention as opposed to reaction."

"As we train volunteers, we start with an ACE philosophy so that our advocates understand the complexity and framework that we are engaging from."

"We are incorporating the ACEs into our academic curricula and in our student experiences in clinical training."

In addition to assessments and screenings, a number of respondents indicated that increased awareness of ACEs has fundamentally changed how services are administered and aided in **designing new programs**. Moreover, awareness of the impact of ACEs has created a **higher priority for funding** programs and services that are designed to prevent or mitigate the impact of ACEs.

"We have begun a new program specifically designed to address children with ACEs which provides mitigation and support for families. We have focused some of our grant-seeking activities to address this need."

*"The *** Library system has developed an early childhood literacy program that has been implemented at several locations. This program is based on ACEs awareness information."*

"Knowledge about the long term health implications resulting from ACEs prompted our Board to adopt prevention/mitigation of ACEs as one of the two primary issue areas for our new advocacy grants program."

Initiative Sponsored Activities

The *Building Strong Brains Initiative* sponsored three Symposia and four FrameLabs across the state of Tennessee to increase awareness about Adverse Childhood Experiences and to provide attendees with common values and metaphors to be used as the framework for communications about ACEs. It is believed that the adoption of a common language will allow professionals and service providers to use consistent messaging with their clients, thereby enhancing the public's ability to speak with greater understanding and knowledge about ACEs. Attendees of the activities were asked to reflect on their experiences.

FrameLab Sessions

A FrameLab is an interactive learning experience designed by top brain scientists and communications experts to teach participants how to inform the public about early childhood and adolescent brain development and the potential effects of ACEs on development. Participation in the workshop was intended to facilitate and guide meaningful discussions about ACEs. Furthermore, a goal for the FrameLabs was to provide participants with the tools to translate the science into meaningful messages that would be shared with their organizations, community groups, and the public at large.

FrameLab Attendees

One out of five survey respondents (20.9%) indicated they attended a FrameLab. The length of time between completing the survey and attending a workshop was about equally split – 24.2% attended within the past 2 months, 38.5% attended 3 to 6 months ago, and 37.1% attended more than 6 months ago.

Feedback on the workshops was quite positive. The majority (69.4%) indicated the amount of time allocated was about right. Attendees were also asked to provide feedback on the effectiveness of the presenters, helpfulness of the materials provided during the workshop, and providing participants with information and skills that could immediately be used. Again the feedback was positive with more than 9 out of 10 participants choosing positive marks for each of these areas (see Figure 11). Furthermore, participation in a FrameLab was reported to greatly impact how attendees viewed the way in which social issues are framed by the media. More than 8 out of 10 respondents (85.5%) indicated they either thought quite a bit differently or a great deal differently than before attending the workshop.

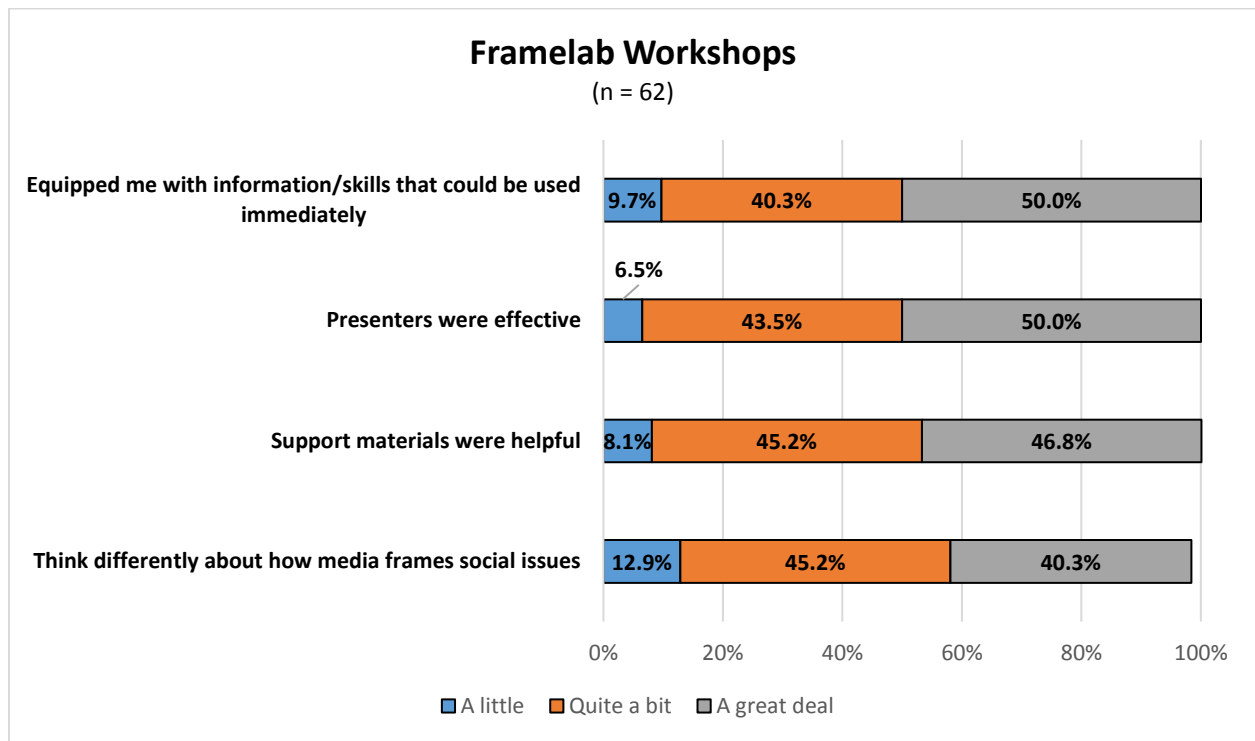


Figure 11: Feedback on Framelab Workshops

Communication as a tool for change

One goal of the FrameLabs was to increase understanding of how communication can be a powerful tool for social change. These sessions focused on providing those who attended with consistent values and metaphors related to brain development and early life experiences to foster the use of a common language when speaking or thinking about ACEs. Those completing the survey were asked to reflect on how attending the sessions had changed their understanding of how communications can be used as a tool for social change. The largest changes reported an increase in understanding a common language is critical for optimal messaging and for providing the tools to communicate with people who do not have a background in the issue.

	Frequency	Percentage
Useful for communicating with individuals without a background in the issues.	53	85.5
Critical for optimal messaging.	50	80.6
Helpful in changing perspectives of others.	43	69.4

Use of values and metaphors

An overwhelming majority of those who attended a FrameLab (87.1%) indicated they had been able to use the values and metaphors introduced in the session in a wide variety of outlets. The values and metaphors were reportedly used most frequently in presentation materials (77.8%). About one in five (20.4%) indicated these were included on websites and 13.0% said their brochures had been adapted to include the values and metaphors. The “Other” category was frequently chosen, referring to media interviews, grant proposals, and adoption in general conversations and discussions.

	Frequency	Percentage
Presentation materials	42	77.8
Website	11	20.4
Brochures	7	13.0
News articles	7	13.0
Other	24	44.4

Details and comments provided by survey participants suggest communication is being well received by FrameLab audiences. They are reported to be very receptive to the values and metaphors about brain development. According to responses, the use of values and metaphors resonates with audiences and spurs their desire to learn more about how adverse childhood experiences impact society. Furthermore, information is being used to foster discussions about ways to prevent and mitigate adverse childhood experiences. Below are comments that serve as illustrations of these points.

“Clients and volunteers have been very interested in learning more about ACEs, specifically responding well to the metaphors of ‘brain architecture’ and ‘serve & return’.”

“Good feedback from conferences and meetings where invited to make presentations. Typically get requests for copies of presentation materials.”

“It is so rewarding to see professionals “get” it - FrameLabs specific metaphors help them understand and visualize scientific information. It's even better to watch them approach children and their parents when you realize they are using information gained through their training.”

“People want to know what they can do to make a change, have more focus on early childcare and promoting brain building, teaching parents and caregivers about how to support learning through various stimuli.”

“Specifically, we developed an Infographic using Frameworks messaging for our legislative efforts on behalf of ***. It has helped our legislators understand ***'s role in mitigating the effects of ACEs and the trauma that every child and parent experiences in the child welfare system. Furthermore, it helped them understand how this effects our state as a whole.”

However, adopting the values and metaphors has reportedly met some challenges. The most commonly cited challenges were using lessons learned in unplanned situations and delivering the explanatory chain in “real life”.

	Frequency	Percentage
Using lessons learned in unplanned situations	30	55.6
Delivering my explanatory chain(s) in “real life”	23	42.6
Writing explanatory chains	21	38.9
Integrating lessons learned consistently	17	31.5
Choosing an effective “value” for framing	16	29.6
Using metaphors that can be understood not only by practitioners, but also by the public.	14	25.9

One of the reasons offered for not using values and metaphors to date was the challenge of presenting the information in a concise manner. One respondent indicated the challenge was “Trying to speak to policy change and development in one document with limited space. It's hard to use the metaphors and tell stories in one piece.”

Symposia

Consistent with reactions to the FrameLabs, attendees of a Symposium provided positive feedback on the event they attended.

- The presenters received extremely positive ratings. Virtually all of the respondents (98.0%) indicated that presenters were effective.
- A large majority (82.8%) stated that the support materials were helpful.
- There was also widespread agreement the session had provided information and skills that could immediately be used. Almost half (45.5%) stated the session had provided them a great deal of information that could be put to immediate use.
- Finally, most attendees agreed (87.9%) that the time allocated for the training was about right.

Changing the Culture

The key to changing the culture in Tennessee to prevent and mitigate ACEs, according to survey participants, is to increase awareness about ACEs. To support a cultural shift, it was reported that **awareness needs to increase** for all aspects of ACEs – root causes, symptoms, impact, and effective preventive strategies. Several strategies were recommended for increasing awareness. These recommendations included educating all areas of the public through messaging and public service announcements.

“Bring the message to the public--parents, caregivers, teachers, judicial system; Initiate PSA's focused on ‘What happened to you’ theme VS. ‘What's wrong with you’”

“Promoting awareness of ACE science & ACE resources as widely as possible. Right now BSB & Frameworks are mostly focused on the urban centers. The bulk of cultural resistance is likely in 'spare the rod' rural communities doubly challenged by economic hardship. A statewide television campaign, as primitive as that may seem, would have reach.”

“Continued work to engage business education and faith based communities in ACEs and toxic stress messaging.”

“This information should be given to as many parents as possible. It could be given to new parents before they leave the hospital. The schools could provide the information to parents with school age children and daycare center could also provide the information. Other government agencies like DHS, DOC, Juvenile Courts and Juvenile Detention Centers should also be required to provide this information to parents.”

Another key to changing the culture was reported to be continued training of school personnel, staff in state agencies, and those working in the judicial system. Comments suggest that ACEs training should be mandatory for all employees with a special focus on the judicial system. Increased awareness, it was believed, would result in a different approach being incorporated for how children and families are "seen" and "served".

"Require all state employees, grant providers, teachers, etc. to be educated about ACEs through employee orientation or continued education. Similar to what is going on with Suicide Education right now."

"Additional training with DCS and county judges who seem to lack knowledge on trauma impacts."

"Continue educating community members (law enforcement, teachers, medical professionals, civil servants, etc.). It is important to spread this message far and wide."

A third focus area for changing the culture in Tennessee is to address the root causes of ACEs. Comments suggest the importance of providing a safety net for families to reduce or eliminate poverty. Moreover, programs are needed to assist all family members in acquiring the tools needed to lead productive lives.

"As noted in the 3rd Symposium, we must do more to address the poverty issues for TN families because they need the resources to make positive changes."

"I feel intervention is the key. This requires organizations to become grassroots, linked to one another and more cohesive. Under one roof a parent, child, citizen having access to child care, Medicaid, clinics, food stamps, probation, police, meal distribution site, GED/computer lab, receive birth records, make copies. Providing many of the services, that could illicit real change in the lives of the families."

"Increasing preventative services aimed at young families."

"More resources need to be allocated to address preventative measures for children that are at risk of entering custody. More work needs to be done to be able to keep children in their biological homes while ensuring safety and stability. Need to help parents and caregivers resolve their adverse childhood experiences so that they can provide a healthier environment for children. All agencies and community partners need to understand it is everyone's responsibility to keep children safe and adopt proactive measures."

Sustainability of Initiative

While support from the current governor has been high, there is no certainty that the next administration will share the same passion for preventing and mitigating the impact of ACEs. Respondents were asked to share ideas and strategies on how best to ensure sustainability for the *Building Strong Brains Initiative*. Three common themes emerged from these comments: continuation of trainings and efforts to raise awareness about ACEs, secure funding, and continued efforts to build partnerships between the public and private sectors.

Training

Continuation of training and sharing information to increase awareness about ACEs was the most commonly suggested strategy for sustaining the Initiative. A number of specific recommendations related to the training were offered.

- A frequently expressed recommendation was to offer “refresher” courses for T4T trainers. Offering these refresher courses would not only allow new research to be shared but would also offer the opportunity for additional networking among trainers. The idea of building a “network” of trainers to share information was mentioned by a number of respondents.
- Embedding ACEs training in undergraduate curriculum was also suggested by several survey participants. Additionally, recommendations were made to adapt the ACEs training to make it appropriate for middle school and high school students.
- Several recommended that ACEs training should be mandatory for all state employees and service providers, including pediatricians and other health care providers who treat children. Additionally, the importance of raising awareness among legislators and the judicial branch was discussed.
- Finally, recommendations were made for parenting classes and home visits to be incorporated into services provided after the birth of a child. One person also suggested that parenting classes should be mandatory for parents receiving public funding.

Funding

Another common area of discussion was the need for recurring funds. Strategies for securing this funding included the creation of a new state department tasked with the responsibility of oversight for all ACEs related programs. Others suggested the inclusion of funding for the Initiative as a line item in the state budget. In addition to funding for the Initiative, recommendations were made for the continued funding for programs and innovations that address ACEs.

Building Partnerships

A third area that emerged was related to the need for sustained efforts in building partnerships between the private and public sectors. Comments frequently indicated the importance of engaging the private sector. Suggestions included demonstrating how ACEs negatively impacts the workforce and negatively impacts future economic growth. Securing “buy-in” from the private sector may also help to secure funding for needed programs and innovations.

A sample of comments that illustrate these recurring themes is found below.

"Bring university leaders together to develop state-wide, coordinated efforts to embed ACE's training in undergraduate general education curricula."

***"1. Create a state department under DHS/DOE to spearhead the project.
2. Solicit the major partners such as United Way and other foundations such as Frist, etc.
3. Solicit businesses as partners as this culture shift will affect the future workforce."***

"Continuing to train people who can then go out and educate more and more people. Right now this is a hot button topic--so how do we make sure it stays in the mainstream conversation and doesn't fade away over time."

"I believe that this effort needs and deserves a dedicated staff person to organize partners, recruit new leaders, and help coordinate the contributions of the various private and public sector entities that are interested in working and contributing toward this. If we do not have follow up and follow through, the project is unlikely to be sustained as a coordinated effort."

***"- Engage business leaders for a public/private partnership;
- Educate lawmakers so that this initiative remains a priority in the state budget;
- Continue to encourage and fund innovation projects that could yield future resources ;
- Ensure training of all staffing levels throughout appropriate state departments to ensure the initiative continues for future administrations
- Improve communication amongst stakeholders within the current structure (e.g. Public and Private Sector Steering Groups)."***

"By involving key leaders from the state government sector, the health services sector, the public sector and faith community and seeking funding from government grants, private foundations and business leaders."

"Educating the general public about ACE's and how it affects them directly is the most important aspect of keeping the initiative alive. In general, people do not take high regard to a social issue unless it affects them directly. We have to make them see how it can and provide the educational tools to combat ACE's in their community."

What should be different in Tennessee two years from now?

A question was posed to survey participants asking them to project what changes should be made in Tennessee over the next two years as a result of the *Building Strong Brains Initiative*. While some respondents offered specific benchmarks – e.g. “at least half of all healthcare agencies screening and referring patients to treatment and at least half of Tennessee schools utilizing a trauma informed care perspective” – most comments focused changes in broad strokes.

The most common vision of change was **increased awareness about ACEs** among the public and professionals. More than half of the comments provided contained the hope that **all** would be more knowledgeable about ACEs. Specifically, many of the comments reflected a desire for increased awareness among healthcare professionals and school personnel. Moreover, several discussed the need for increased awareness within law enforcement and the judicial system. According to these comments, awareness would lead to different approaches that would benefit society as a whole.

“It should be generally accepted by the public that infant and child brains are always growing and developing; that they are significantly impacted by experiences, both good and bad; and that we, all of us, have the power to build better, stronger, more resilient brains which means a better, stronger, more resilient society.”

“Every person who deals with children/families knows and understands what ACEs is and how we can build strong brains and resiliency in both children and families; ACEs is a vocabulary word that takes no explanation! ACEs is part of teacher, therapist, nurse, pediatric worker, Judge/court staff, all state depts. regular ongoing curriculum.”

“It's a marathon. In two years, the hope would be that all providers of services that touch families would totally be on board to support them and would be able to articulate why ACEs matters.”

The second theme most commonly discussed was the desire for an **increase in funding and creation of programs** that focus on the prevention and mitigation of ACEs. Not only was more funding and programs needed, according to these comments, but more collaboration should be happening to provide “wrap-around” services for families.

“A collaboration of resources - community organizations coming together as one instead of so many separate efforts trying to get to the same outcome.”

“If a measuring stick was pulled out in two years and compared to a snapshot of today, one should find--in any given state, local, or non-profit organization budget--more dollars being allocated to programs that prevent and mitigate ACEs, focusing on the early childhood years to Build Strong Brains, and two-generation approaches.”

Some respondents provided very specific thoughts about programs that should be in place in two years. These comments specifically addressed the desire for parenting classes to be readily available to new parents and the creation of home visitation programs following birth.

In addition to increased funding and programming, participants expressed the desire for increased awareness of ACEs among legislators and administration that would result in an **increase in legislation and policies that focus on ACEs**. Further suggestions were for the inclusion of ACE-related language to be included in all funding proposals and a lens to view how new policy would impact ACEs.

“Every policy should have an ACE impact- laws governing how poor people are treated in housing (moving too many times as a child hurts), every school teacher and administrator should understand the impact and learn to be mitigators or where resources are, every legislator ought to consider ACE when they vote on school funding, mental health services, family planning legislation.”

“We need to have contract language in state funded programming that insists upon ACEs/Trauma informed practices.”

Finally, the ultimate goal and desire for the future is a **reduction in traumatic events experienced by children**. Moreover, through collaborative efforts from multiple sectors of society, parents and all who are involved in a child's life, will have the tools needed to raise healthier children. But, if parents, families, and communities do not have the necessary tools, then services will be available to mitigate the impact of ACEs.

“Healthier children, decrease in child abuse and neglect, confident parents, and brighter economic futures for our children.”

“Hopefully the birth-3 year olds will have a better foundation of brain development & more resilience in kids who didn't get the strong foundation or serve & return as babies.”

“Less violence, less drug abuse, fewer parents going to prison, more tolerance of each other, more couples going to counseling instead of divorce, fewer teen deaths by violence.”

Conclusion

Building Strong Brains: Tennessee's ACEs Initiative was launched by the Haslam Administration in Fall 2015. Its mission was to change the culture of Tennessee in order to more effectively prevent and mitigate the impact of adverse childhood experiences (ACEs). This would be accomplished by utilizing the latest brain science. Changing the culture requires a paradigm shift in how early childhood is viewed and understood. The shift can only be accomplished by increasing awareness through widespread education about the root causes and societal impact of ACEs. The Three Branches Institute, informed by the ACEs Coordinating Team, has been one vehicle to support this shift and it is to the Institute and other bodies like the Children's Cabinet and Tennessee Commission on Children and Youth that the Coordinating Team has held itself accountable. The purpose of this study was to measure the progress being made toward achieving these goals. Everyone who was involved with the Initiative was invited to participate. Results of the study suggest that tremendous progress has been made toward changing the culture in Tennessee but sustained work and dedicated resources are needed to maintain the momentum.

Change needed for a paradigm shift takes time, commitment, and focus. It requires a healthy organization to guide and support this shift. Furthermore, the "right people" need to be engaged in the effort – those people who have the influence and power necessary to change the conversation. Feedback from survey participants suggest the current organizational structure is working well. Reported areas of strength were effective communication between members of the Initiative, shared power among members, and the presence of a strong network of formal and informal institutions. Furthermore, members were reported to have the necessary "standing" in their community to promote the Initiative and were effectively using this influence.

However, feedback also suggests that Tennessee may lack the needed resources and staff to be able to successfully accomplish its goals. For instance, respondents indicated the state may not have the resources needed to carry out work nor adequate staff to analyze and interpret data so that it can be used to better inform decision-making. Moreover, respondents indicated their other job duties had not been adjusted to allow them to more fully focus on facilitating change. This suggests that those who are "championing" the cause are doing it in addition to their normal job activities. The potential for burn-out may seriously impact sustainability. More dedicated resources will be needed to sustain the Initiative. Allocation of recurring funds in the state budget or the creation of a new department dedicated to guide and oversee these efforts was recommended.

Adoption of a common language and shared frames of reference are also needed for change to occur. This can best be accomplished through widespread training to share knowledge, metaphors, and values for communication. The *Building Strong Brains Initiative* sponsored a number of activities to provide participants with these communication tools. The Symposia and FrameLabs were designed to share these tools. The symposium and workshops received positive feedback. Training for trainers (T4T) sessions were also held to broaden the dissemination of these tools. Moreover, it was reported the information presented in the workshops and trainings was being included in college curricula. These efforts will be far reaching in educating the public in general, social service providers, and healthcare professionals.

While much progress toward the adoption of a common language was reported, the need for continued training was also reported. Some challenges in using values and metaphors were cited and may indicate an in-depth understanding of the information behind the values and metaphors is lacking. Adapting prescribed metaphors to real world scenarios can be challenging and may need additional training sessions. It was suggested that T4T refresher training and the creation of a training network to share information would be useful.

Finally, widespread awareness of a problem and acceptance of responsibility for addressing the problem is key to change. The *Building Strong Brains Initiative* has been quite successful in raising awareness about ACEs and increasing the desire to address the problem. Virtually all survey participants were able to offer at least one example of how their organization had integrated the prevention or mitigation of ACEs philosophy. All examples were predicated on the adoption of a different lens in how others were viewed – seeing people in terms of “What is wrong with you?” to “What happened to you?” Also, increased acceptance was reported that ACEs is not only damaging to the individual but imposes exorbitant costs to society.

Increased awareness about the costs associated with ACEs and need for shared responsibility in preventing and mitigating damage is imperative to the future of the Initiative. Media campaigns using public service announcements were recommended for raising awareness for the public at large. However, respondents assigned a higher priority on educating legislators and employers on the costs associated with ACEs. These costs include higher demands for social services and a shortage in the qualified workforce. Hope was expressed that recognition of the costs associated with ACEs will allow legislators to view efforts to prevent and mitigate the impact of ACEs as a benefit that outweighs the cost. The acceptance of this calculus will result in the creation and adoption of needed policies and programs to effectively address ACEs. Only through policy and programmatic changes will the prevention and mitigation of ACEs be realized.

APPENDIX

Which of the following describes BEST your role in your organization/agency/business? (n = 340)

Administrative Leadership	30.3%
Management	17.6%
Policy/Program Staff	7.1%
Trainer	12.9%
Front Line Supervisor	4.4%
Direct Service Provider	8.8%
Other	18.8%

Table A-1

What is your role and/or interaction with the state's Building Strong Brains Initiative? (n = 340)

Member of ACEs Coordinating Team	5.0%
Member of Public Sector Steering Group	6.5%
Member of Private Sector Steering Group	4.7%
Attended the Summit	32.9%
Attendee at a Symposium	32.9%
Participant in a FrameLab	20.9%
Participant in T4T	52.1%
BSB ACEs Innovations Grantee	7.4%
Other	22.4%

Table A-2

How long have you personally been involved with the state's Building Strong Brains Initiative? (n = 340)

Since the start of the Initiative/Fall 2015	32.9%
For about a year	20.6%
Only for past 6 months or less	46.5%

Table A-3

To what extent has your organization/agency/business integrated adverse childhood experiences (ACEs) concepts into its work? (n = 337)

Not at all	5.3%
A little	28.5%
Quite a bit	35.6%
A great deal	30.6%

Table A-4

In your current role, how much impact do you believe you have on organizational change? (n = 337)

Not at all	4.2%
A little	35.3%
Quite a bit	39.2%
A great deal	21.4%

Table A-5

To what extent have the state's Building Strong Brains Initiative's efforts influenced your organization/agency/business in the following areas?

	n	Not at all	A little	Quite a bit	A great deal
a. Improved the knowledge of staff about ACEs, resilience, and healthy child development.	309	1.9%	15.9%	33.0%	49.2%
b. Integrated ACEs, resilience, and healthy child development into organizational practices and procedures.	299	8.7%	35.8%	32.4%	23.1%
c. Integrated an ACE prevention and mitigation philosophy to guide all aspects of our work.	297	1.8%	37.4%	30.6%	21.2%
d. Focused more resources on the prevention and mitigation of ACEs/ adapted funding priorities.	281	18.1%	31.3%	29.2%	21.4%
e. Developed new programs and services that reflect focus on prevention and mitigation of ACEs and ACE-related toxic stress.	289	23.5%	29.4%	23.5%	23.5%
f. Adapted or refined existing programs and services to reflect focus on prevention and mitigation of ACEs and ACE-related toxic stress.	300	12.0%	33.7%	33.7%	20.7%
g. Integrated changes in day-to-day professional practices that are informed and guided by ACE awareness and prevention.	295	11.5%	36.6%	33.2%	18.6%
h. Enhanced collaboration with other organizations in multiple sectors (such as education, criminal justice, social services, or health) related to increasing the potential that every child born in Tennessee has the opportunity to lead a healthy, productive life.	307	8.1%	30.3%	34.9%	26.7%
i. Facilitated community awareness related to ACEs, resilience, and healthy child development.	305	8.5%	31.1%	31.5%	28.9%
j. Improved policy advocacy efforts related to prevention of ACEs and reduction of community conditions that contribute to them.	290	20.3%	38.6%	24.8%	16.2%

Table A-6

For each of the following items, please indicate the extent to which each statement reflects the organizational structure's current capacity.

	n	Not at all	A little	Quite a bit	A great deal
a. Tennessee has a strong network of formal institutions and informal connections to carry out this work.	42	2.4%	14.3%	40.5%	42.9%
b. Tennessee has enough resources to carry out this work.	37	16.2%	32.4%	35.1%	16.2%
c. Initiative leaders have the authority and community standing to bring people and organizations together to carry out this work.	41	0%	17.1%	51.2%	31.7%
d. Enough training and assistance is available to gain the knowledge and skills needed to carry out this work.	42	0%	21.4%	54.8%	23.8%
e. Tennessee has access to data sources and systems needed to track our progress and identify successes and opportunities for improvement.	33	6.1%	30.3%	42.4%	21.2%
f. Tennessee has enough staff capacity and expertise to analyze and use data for decision-making.	32	12.5%	25.0%	43.8%	18.8%
g. Tennessee has enough capacity to review the best research available to inform funding decisions of innovative local and state projects that offer fresh thinking in this area of work.	39	0%	25.6%	46.2%	28.2%
h. There is open communication among partners of this Initiative.	43	0%	20.9%	32.36%	46.5%
i. I am informed as often as I need to be about what is going on with this Initiative.	43	2.3%	30.2%	32.6%	34.9%
j. Other responsibilities I have in my organization/agency/ business have been adjusted to allow me time to contribute to the success of this Initiative in a meaningful manner.	40	12.5%	27.5%	30.0%	30.0%
k. Initiative leaders use effective messages to raise local awareness and build political will in this area of work.	41	0%	22.0%	34.1%	43.9%

Tennessee's ACEs Initiative's Organizational Capacity and Transformation Survey Results

	n	Not at all	A little	Quite a bit	A great deal
l. Community agencies, leaders from different professions, and political leaders are recognized in public events and local media for their contributions in this area of work.	36	0%	30.6%	44.4%	25.0%
m. The organizational structure of the Initiative is dominated by one sector or organization (such as education, health, child welfare, etc.)	37	35.1%	45.9%	8.1%	10.8%
n. Among partners, power is shared in the Initiative's best interests.	37	2.7%	21.6%	45.9%	29.7%
o. Initiative leaders effectively resolve conflicts and balance power among partners.	30	0%	16.7%	63.3%	20.0%
p. The organizational structure of this Initiative works well to allow us to address the social, cultural, and economic causes of adverse childhood experiences.	38	0%	18.4%	57.9%	23.7%
q. Collaborative work through this Initiative has helped shift existing resources to ACE-related interventions.	37	2.7%	32.4%	35.1%	29.7%
r. Collaborative work through this Initiative has mobilized allies successfully to advocate for policy change (laws, rules, and funding) in this area of work.	38	2.6%	31.6%	44.7%	21.1%
s. Collaborative work through this Initiative has helped combine our efforts to provide more seamless support for children and families in this area of work.	37	8.1%	29.7%	45.9%	16.2%

Table A-7

For each of the following areas, please indicate to what extent the Building Strong Brains Initiative has been effective in achieving benchmarks.

	n	Not at all	A little	Quite a bit	A great deal
a. Communicating the latest brain science so people talk knowledgeably about ACEs.	281	1.4%	18.1%	37.4%	43.1%
b. Encouraging public and private organizations to revise policies and practices to prevent and mitigate ACEs.	260	5.8%	32.7%	37.7%	23.8%
c. Embedding support for culture change relative to ACEs.	264	3.4%	29.5%	39.4%	27.7%
d. Supporting innovations to prevent and mitigate ACEs.	266	4.1%	28.6%	39.5%	27.8%
e. Encouraging state agencies and partners to work collaboratively to make positive changes.	273	5.9%	15.4%	39.6%	39.2%
f. Serving as good stewards of BSB resources.	253	2.0%	15.0%	39.1%	43.9%
g. Communicating about the Initiative generally.	278	1.1%	13.7%	38.1%	47.1%
h. Serving as a national model to promote a culture of change in matters of early childhood.	247	4.9%	21.1%	31.6%	42.5%

Table A-8

Approximately how long has it been since you attended the Building Strong Brains FrameLab session? (n = 62)

2 months or less	24.2%
3 to 6 months ago	38.7%
More than 6 months ago	37.1%

Table A-9

Please reflect back on the FrameLab session you attended as you answer the next few items. (n = 62)

	Not at all	A little	Quite a bit	A great deal
a. Presenters were effective.	0%	6.5%	43.5%	50.0%
b. Support materials (e.g., assignments, handouts, etc.) were helpful.	0%	8.1%	45.2%	46.8%
c. The session equipped me with information and skills that I could use immediately.	0%	9.7%	40.3%	50.0%

Table A-10

The time allocated for the FrameLab session was... (n = 62)

Too little	16.1%
About right	69.4%
Too much	14.5%

Table A-11

What is your role in your organization's communication work? [Please check ALL that apply] (n = 62)

	Frequency	Percentage
Supervise overall agency communications	16	25.8%
Respond to media requests for interviews	19	30.6%
Suggest topics/language for communications	28	45.2%
Draft communications documents	18	29.0%
Draft training documents	20	32.3%
Provide training	42	67.7%
Model peer-to-peer communication	30	48.4%
Other	7	11.3%

Table A-12

As a result of participating in the Building Strong Brains FrameLab, do you think differently about how the media frames social issues? (n = 62)

Not at all	1.6%
A little	12.9%
Quite a bit	45.2%
A great deal	40.3%

Table A-13

How has attending the FrameLab changed your understanding of communications as a tool for social change? [Please check ALL that apply] (n = 62)

	Frequency	Percentage
Critical for optimal messaging	50	80.6
Useful for communicating with individuals without a background in the issues	53	85.5
Helpful in gaining consensus	35	56.5
Helpful in changing perspectives of others	43	69.4
Other	3	4.8

Table A-14

Since attending the FrameLab session, have you been able to actually use ACEs frames and metaphors in your communication? (n = 62)

Not yet	12.9%
Yes	87.1%

Table A-15

In what types of communication have you been able to use ACEs frames and metaphors? [Please check ALL that apply] (n = 54)

	Frequency	Percentage
News articles	7	13.0
Brochures	7	13.0
Website	11	20.4
Presentation materials	42	77.8
Other	24	44.4

Table A-16

As a result of what you learned in the FrameLab, what are some of the challenges you have identified in framing issues? [Please check ALL that apply] (n = 54)

	Frequency	Percentage
Choosing an effective "Value" for framing	16	29.6
Using metaphors that can be understood not only by practitioners, but also by the public	14	25.9
Writing explanatory chains	21	38.9
Delivering my explanatory chain(s) in "real life"	23	42.6
Integrating lessons learned consistently	17	31.5
Using lessons learned in unplanned situations	30	55.6
Other	1	1.9

Table A-17

Please reflect back on the Symposium event you attended as you answer the next few items. (n = 99)

	Not at all	A little	Quite a bit	A great deal
a. Presenters were effective.	0	2.0%	36.4%	61.6%
b. Support materials (e.g., handouts, website postings, etc.) were helpful.	1.0%	16.2%	42.4%	40.4%
c. The session equipped me with information and skills that I could use immediately.	1.0%	12.1%	41.4%	45.5%

Table A-18

The time allocated for the Symposium was... (n = 99)

Too little	4.0%
About right	87.9%
Too much	8.1%

Table A-19

Which of the following describe your organization's area(s) of work? (Please select ALL that apply) (n = 288)

	Frequency	Percentage
Education	153	53.1
Childcare	45	29.4
Early childhood education	87	56.9
Elementary education	72	47.1
Secondary education	61	39.9
Postsecondary education	47	30.7
Workforce development or training	66	43.1
Law Enforcement and Legal System	25	8.7
Law enforcement	8	32.0
Courts	13	52.0
Corrections	6	24.0
Legal services/attorney	10	40.0
Juvenile justice services	16	64.0
Health and Mental Health Services	112	38.9
Payor organization	12	10.7
Healthcare	31	27.7
Public health	55	49.1
Mental health services	64	57.1
Substance abuse prevention	30	26.8
Substance abuse treatment	27	24.1
Social Services and Child Welfare	123	42.7
Primary prevention	55	44.7
Child abuse prevention	72	58.5
Healthy youth development or risk reduction efforts	69	56.1
Home visiting	52	42.3
Food assistance	17	13.8
Housing assistance	14	11.4
Financial assistance (e.g., SNAP, Families First/cash assistance, etc.)	16	13.0
Other Sectors	45	15.6
Community organizing or development	16	35.6
Philanthropy	5	11.1
Civic or social advocacy	19	42.2
Other	24	53.3

Table A-20

Does your organization/agency/business work with any of the following populations? (Please select ALL that apply) (n = 288)

	Frequency	Percentage
Pregnant women and/or their spouses or partners	151	52.4
Children up to 18 years of age	216	75.0
Families and parents	246	85.4
Other adults (e.g., seniors, adults not connected to children)	103	35.8
Other	71	24.7

Table A-21

What are the ages of the children with whom you work? (Please select ALL that apply) (n = 216)

	Frequency	Percentage
Birth through 4 years	163	75.5
5 through 12 years	189	87.5
13 through 18 years	183	84.7

Table A-22

What is your age? (n = 234)

Minimum	Maximum	Mean
23	79	47.06

Table A-23

Are you of Hispanic or Latino origin? (n = 288)

	Frequency	Percentage
Yes	1	0.3
No	280	97.2
Don't know	1	0.3
Refused	6	2.1

Table A-24

Which of the following racial categories describes you? You may select more than one. (n = 288)

	Frequency	Percentage
American Indian or Alaskan Native	7	2.4
Asian	4	1.4
Black or African American	38	13.2
Native Hawaiian or Other Pacific Islander	1	0.3
White	235	81.6
Prefer not to answer	14	4.9

Table A-25

Do you consider yourself to be a female or a male? (n = 288)

	Frequency	Percentage
Female	243	84.4
Male	43	14.9
Other	2	0.7

Table A-26

Where do you live/work in Tennessee? (n = 288)

	Frequency	Percentage
East	72	25.0
Middle	147	51.0
West	69	24.0

Table A-27