

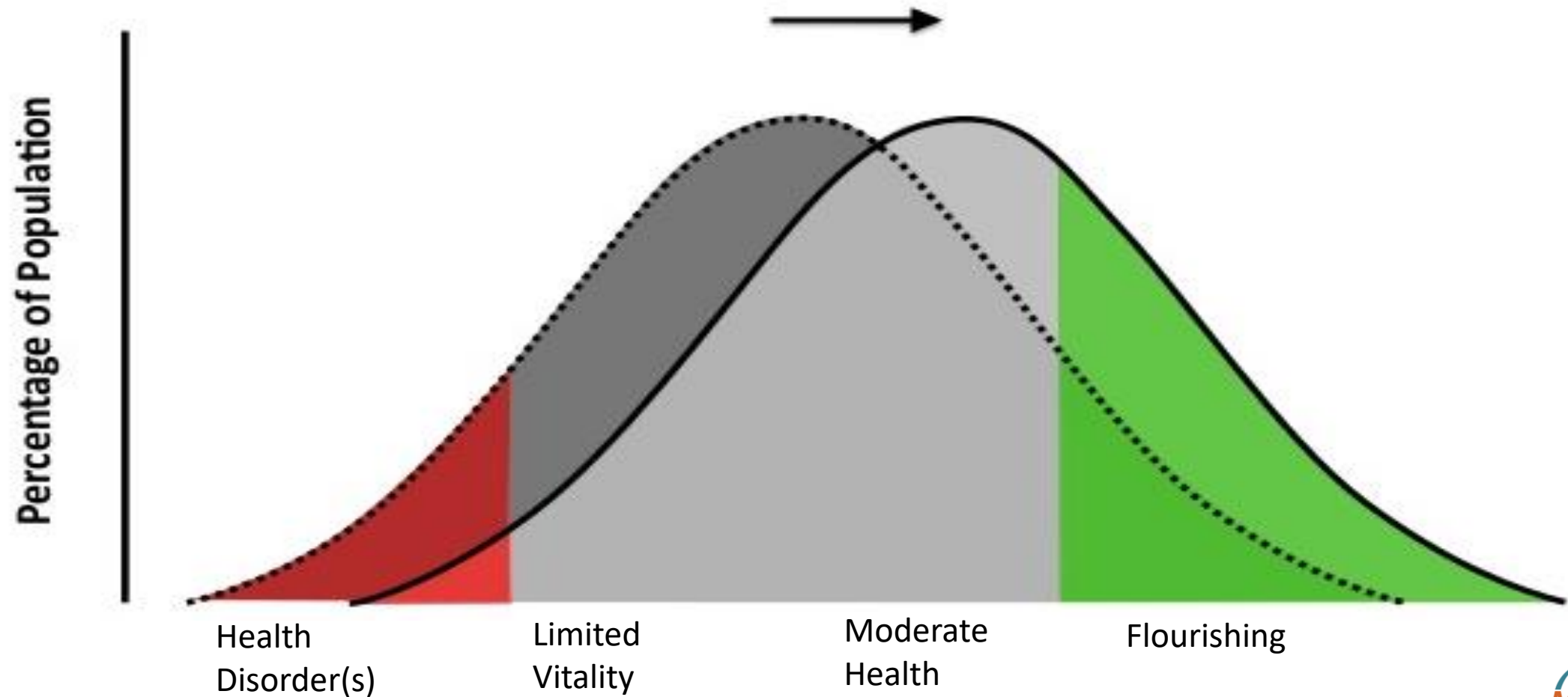
The logo features the text "ACE Interface" in a bold, sans-serif font. "ACE" is in orange, "Inter" is in teal, and "face" is in dark red. The text is centered within a white oval that has a thin orange border. Two teal arcs, one above and one below the text, form a partial circle around it.

# ACE Interface

Building Self Healing Communities

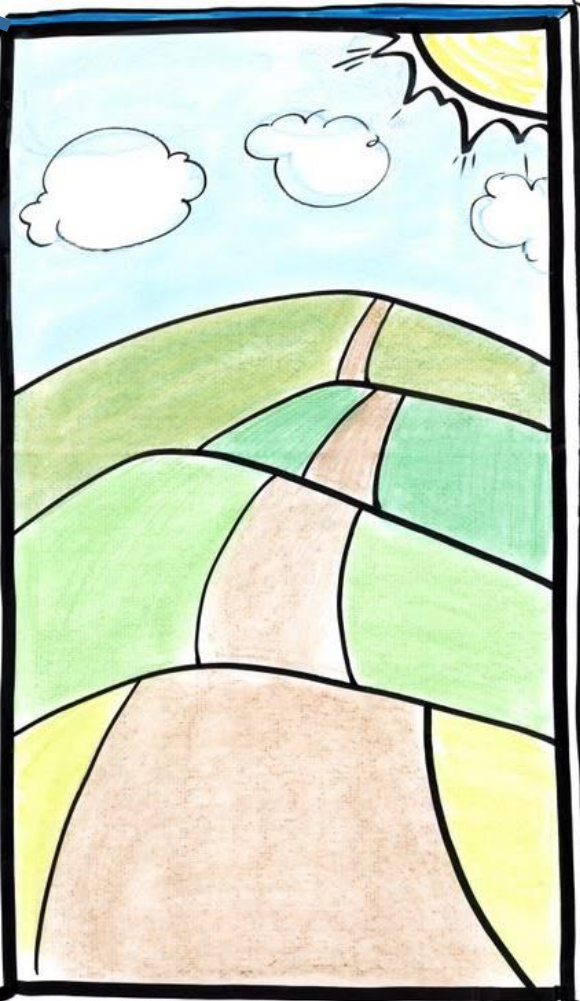
ACE Interface is a public health education and consultation firm.

**We Help Community Leaders to  
Move the Population Toward Flourishing**



# ACE Interface Helps Communities

## Self-Healing Communities

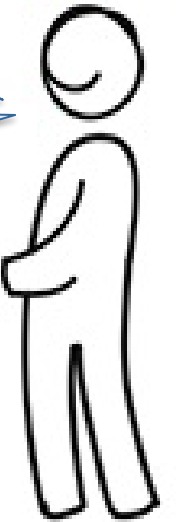


Build capacity by investing in people with the most at stake to realize their aspirations

Design and align high-leverage multi-discipline action

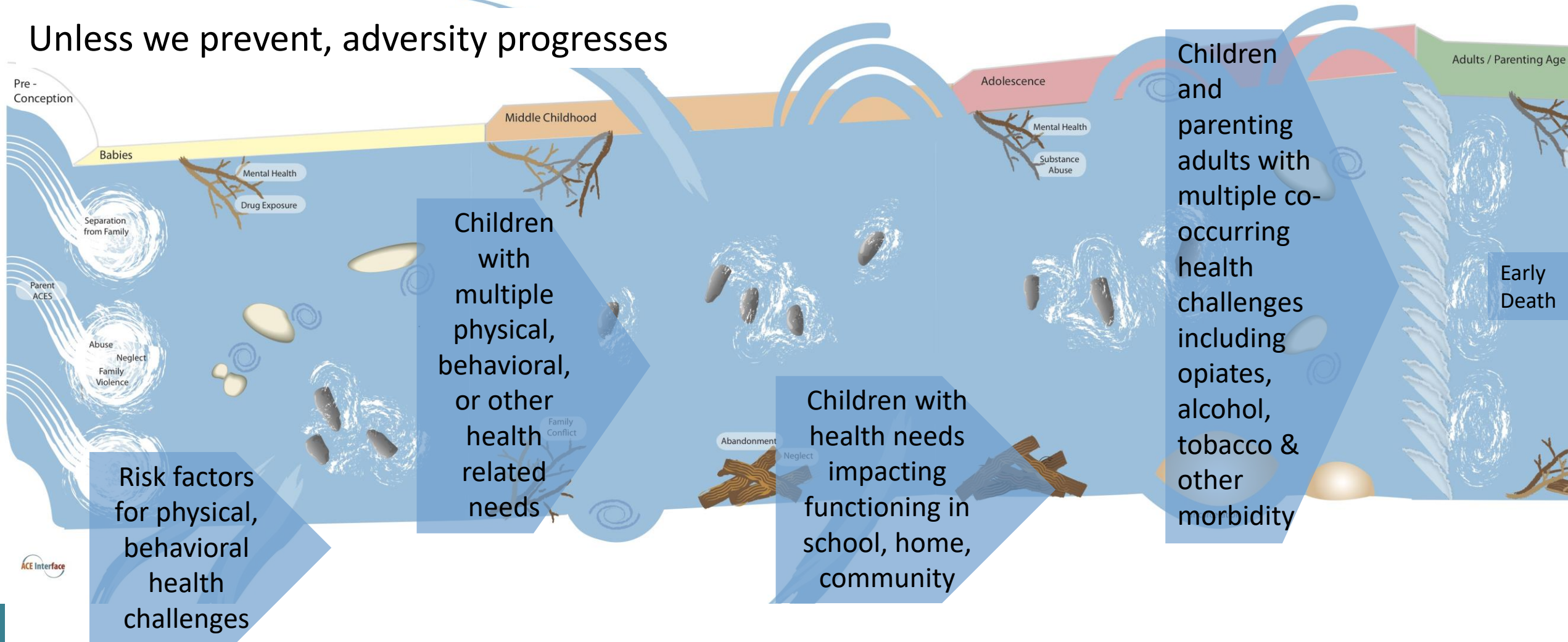
Teach and effectively mobilize around NEAR (Neuroscience, Epigenetics, ACE, Resilient communities)

Achieve results – Communities reduce problems, improve community resilience



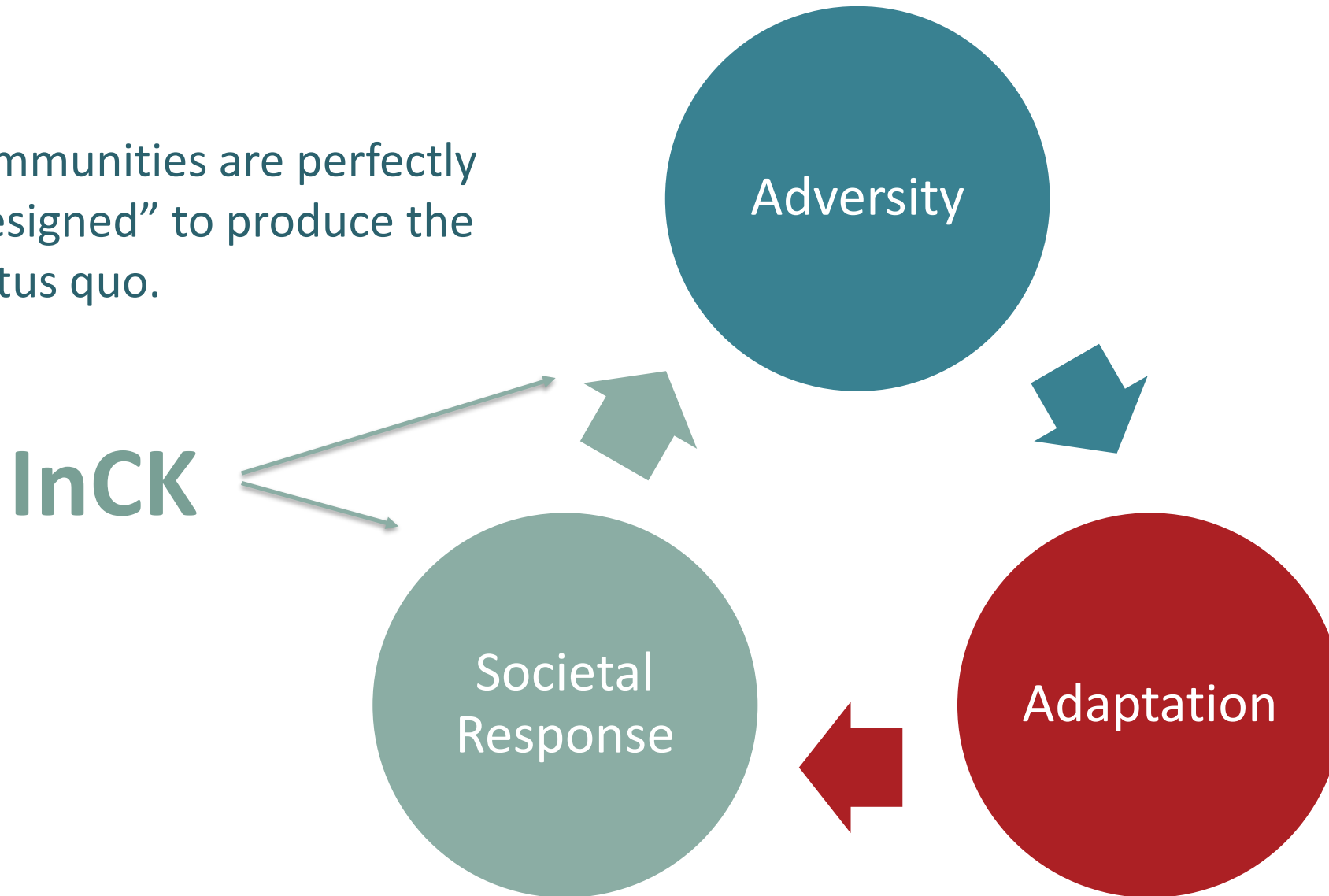
# InCk: Building Community Capacity to Help Kids Before the Rapids

Unless we prevent, adversity progresses



# Adversity: Issues are Complex - Societal Response Matters

Communities are perfectly “designed” to produce the status quo.



# ACE Interface Role with InCK

## Key Informant Interviews

Strengths  
Next Steps



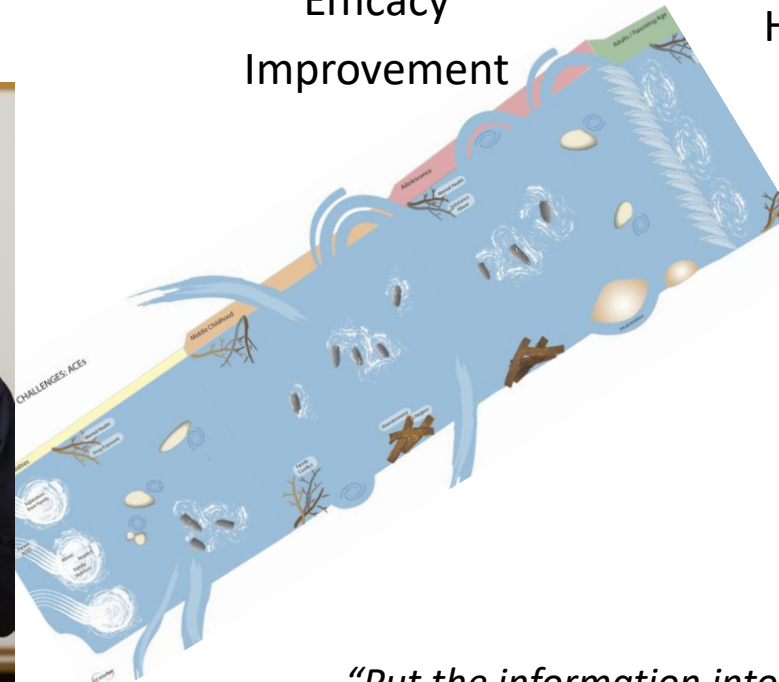
## Train NEAR Trainers

Neuroscience,  
Epigenetics, ACE,  
Resilient  
Communities



## Develop Tools

Whole System  
Innovation  
Efficacy  
Improvement



## Provide Education

Community Capacity Bldg.  
Self-Healing Communities  
Metrics for Learning  
High Leverage Solutions



*“Put the information into the hands of the people; they will develop wise solutions.”*

# Today

- Present 4 findings from Key Informant Interviews
- Focus on one finding
- Gather perspectives and ideas

# 4 New Haven Community Interview Findings



1. Listening & efficacy
2. NEAR-informed policy and strategy  
(Neurodevelopment, Epigenetics, Adverse Childhood Experience (ACE), Resilient communities)
3. Population-level culturally grounded approaches
4. Action alignment around mid-range and contextual outcomes



## Finding 1: Many organizations share a common focus on improving customer efficacy *(Efficacy: belief that my actions matter for producing a desired or intended result)*



- ORGANIZATIONS REPORTED: NEW OR IMPROVED METHODS FOR LISTENING TO RESIDENT VOICE AND RESPONDING TO RESIDENTS' FELT NEEDS.
- RESIDENTS REPORTED: NEW OR IMPROVED LEVELS OF TRUST, SKILL, AND KNOWLEDGE ABOUT THE TIMING AND METHODS FOR INFLUENCING SERVICES AND SUPPORTS.

# InCK is Building on Success

- **Community Alliance for Research and Engagement (CARE):** engages in community action research to improve health among people most impacted by disparities,
- **REACH:** success reaching and empowering community.
- **FoodWork:** innovative food distribution system that redistributes excess food shelters, etc.
- **Learning Hubs:** engaging parenting adults to learn what would most help at this time, then using existing community resources to get that job done

Finding 2: Organizations and residents share common need to understand HOW childhood adversity affects people's health and functioning well enough to design new approaches/strategies for achieving equity. People have heard of Adverse Childhood Experience (ACE) and trauma informed care and are ready to deepen their knowledge and application.



# Finding 3: Strategic Population-Level Culturally-Grounded Work Hidden in Shadow of Clinical Thinking and Strategy



People believe that clinical approaches (one person or one family at a time) are promising strategic opportunities, yet...

They express frustration that there are not enough resources to give services to everyone.

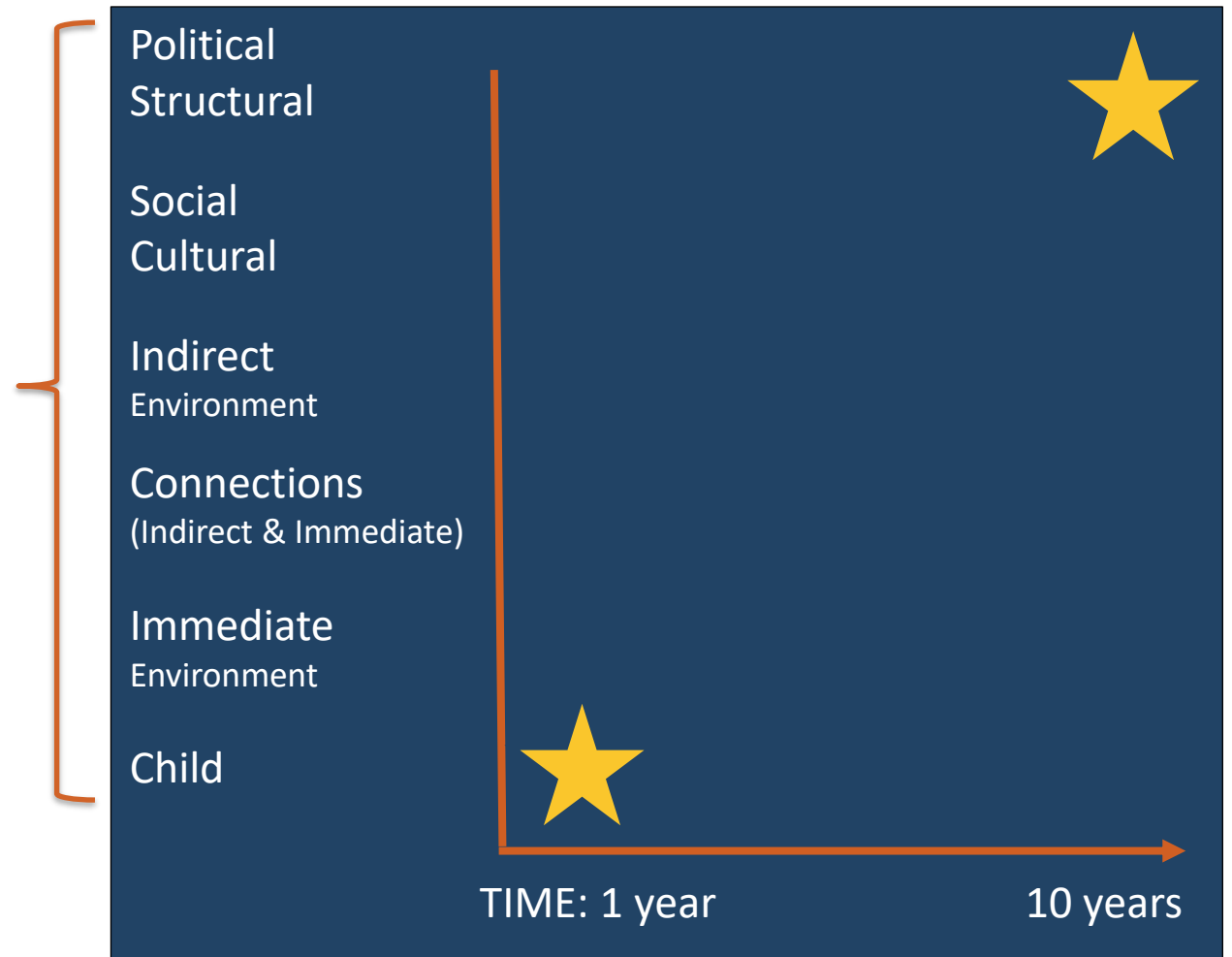


# Finding 4: Bi-modal thinking about results limits short- and mid-term successes necessary to achieve community aspirations

There was a bi-modal pattern to ideas for next steps and solutions for New Haven.

That pattern exists in two dimensions (See ★ on diagram to the right.)

- 1. Ecological systems** (range from changing the political/structural forces that affect lives to responding to needs of individual children/families)
- 2. Time:** meeting immediate needs v.s. fixing long term inequities

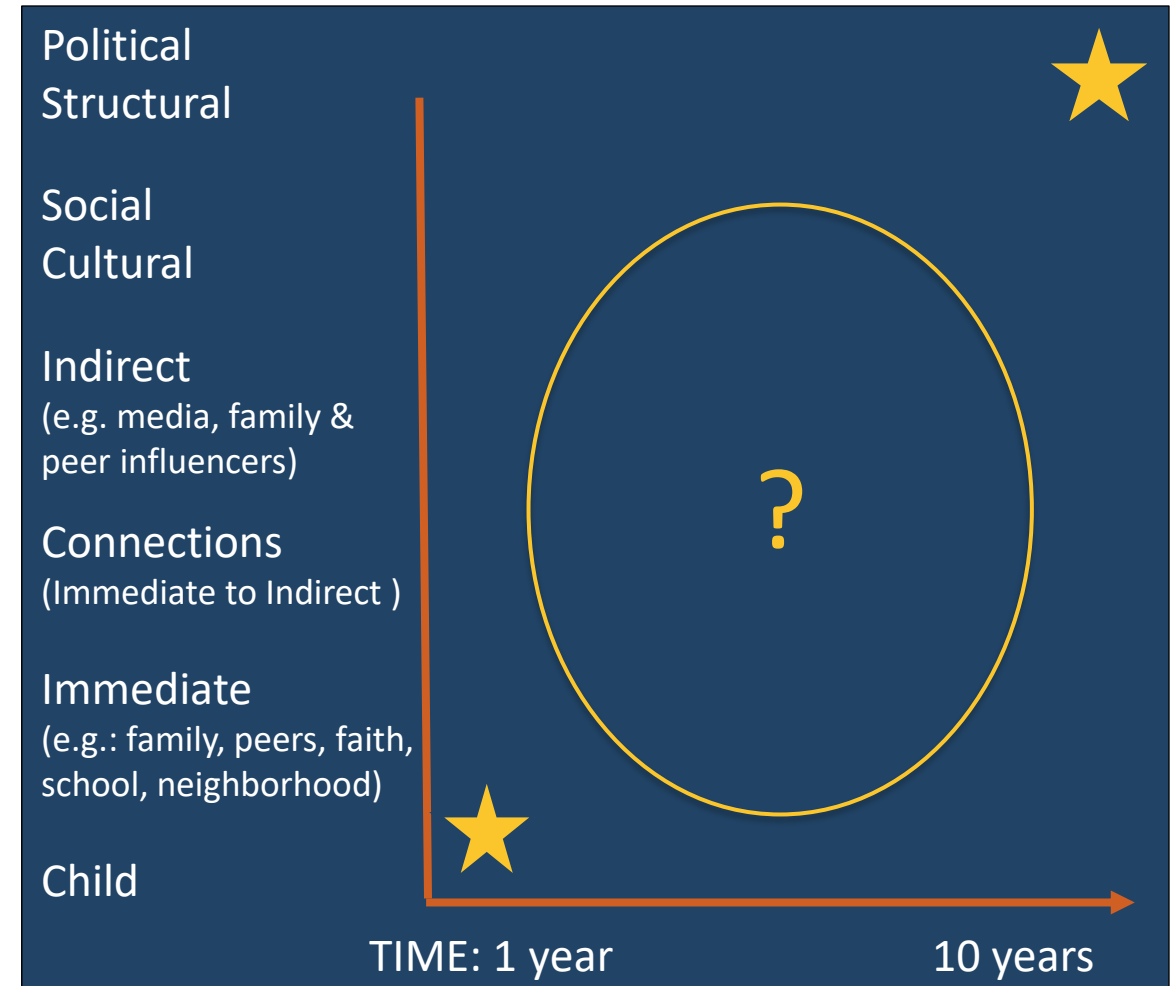


# What do we need to notice about the “Middle”?

E.g.: What uncommon resources (indirect, immediate) are we seeing emerge during COVID that we can build upon? (friends of family, social bridging, peer supports, faith or neighborhood activism...)

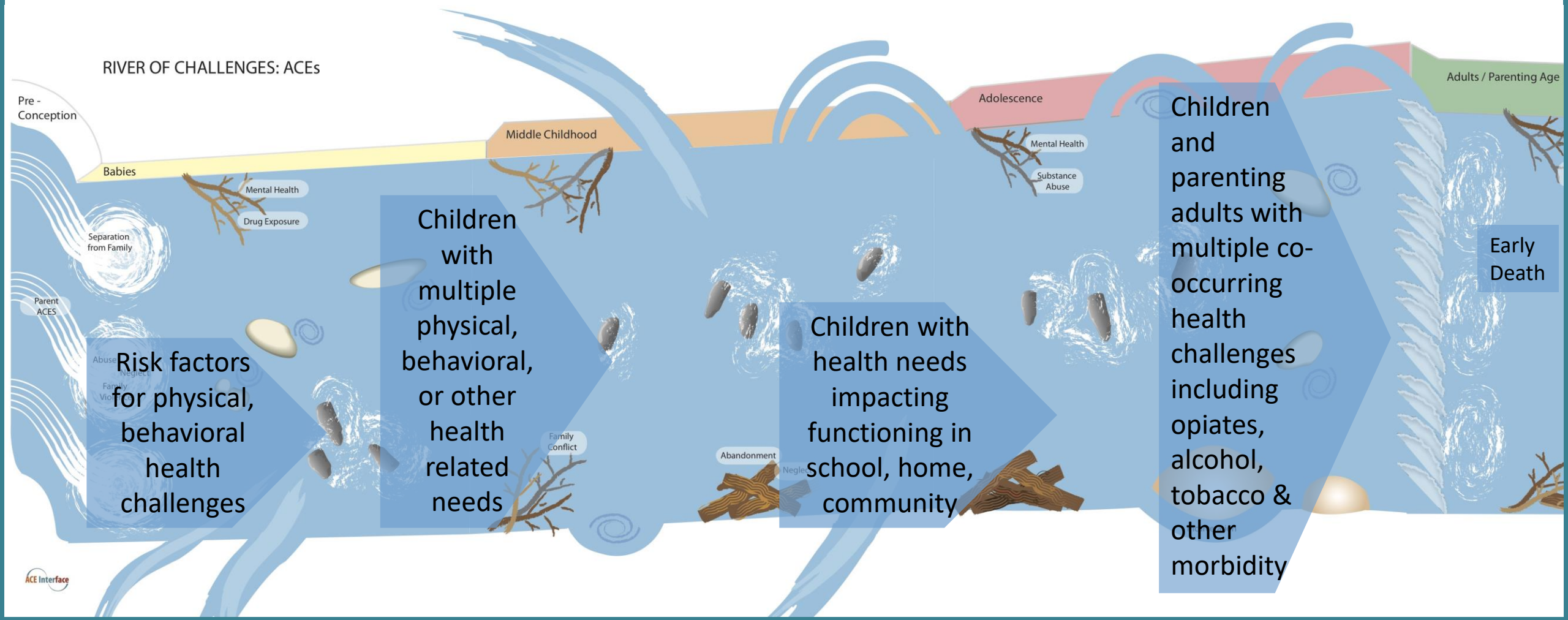
# What needs to be “Middled” in the future?

E.g.: What capacity/action, if we had it would build solid steps between clinical help for children, and our long-term aspirations?



# What came up for you in your group?

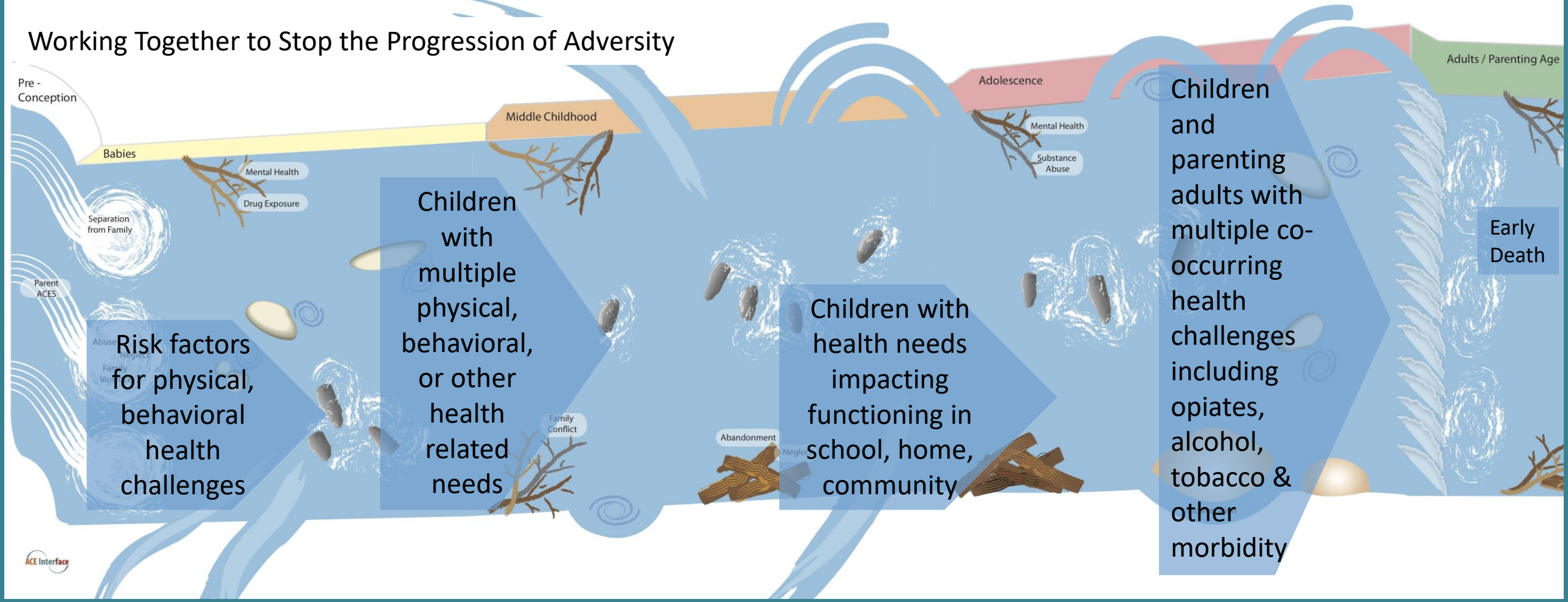
Working Together to Stop the Progression of Adversity



# Working Together

Practical next steps for InCK: 3 Design Groups – Model, Assessment, Finance

## Working Together to Stop the Progression of Adversity





# Thank You