

2018-2019 Bright Spot Award Nomination Form

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The Bright Spot Awards are an effort to recognize examples of meaningful Primary Prevention initiatives taking place across our state. Here are the steps to nominate your initiative:

- 1.) All nominations must be submitted by July 1, 2019. One nomination form must be completed per initiative nominated. Email completed nominations to Matt Coleman (Matthew.Coleman@TN.gov)
- 2.) All nominations received are redacted so that the review committee will not know the exact location and persons involved with the initiative. The review committee is made up of individuals from each region of the state. They will review, score, and discuss each submission. An average of the final scores given by the review committee will be used to determine the award level earned.
- 3.) Award levels include Platinum, Gold, Silver, Bronze, and Honorable Mention.
- 4.) Awardees will be announced in the fall of 2019.
- 5.) Each nomination will be presented with a comprehensive feedback report from the committee, which will include strengths of the initiative and opportunities for improvement.

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Application:

County: [East Tennessee Regional Health Office](#)

Initiative Name: [ACEs](#)

Primary Prevention Focus Area(s): [Substance Misuse](#)

Primary Contact Name, Email, Phone: [Jodi Stott, Jodi.stott@tn.gov, 865-549-5242](#)

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Bright Spot Award Questions

Please explain why you think this initiative should be considered for the TDH Bright Spot Awards.

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- The CDC describes ACEs as, “Adverse Childhood Experiences (ACEs) is the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18. Adverse Childhood Experiences have been linked to: risky health behaviors, chronic health conditions, low life potential, and early death. The East Tennessee Regional Health Office decided to form a work group to help combat the growing number of children in our region that have high ACEs scores. Seven regional office staff members have attended training hosted by the Tennessee Commission on Children and Youth to become facilitators to take the Building Stronger Brian’s Framwork to our local communities. Our goal is to bring awareness to ACEs.
- <https://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/aboutace.html>

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Why is this initiative important to your community? Is this initiative contributing to a policy, systems, and/or environmental change¹ in the community? (300 words max); (75 points available)

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- ACEs is important to our community, because it effects everyone. We see patient’s in our clinics that need extra love and attention. Our committee has presented the Building Stronger Brains Framework to all 15 of our local health councils. We’ve even presented this information to our local Coordinated Schools Health Coordinators. Our goal is to bring awareness to ACEs, and educate as many people as we can. After one presentation at a local school the school district decided to have a designated teacher at each school that was responsible for helping any child that was identified by another teacher as needing extra care and attention due to a difficult circumstance. By educating teachers and community partners on the importance of ACEs we hope to shift their thinking of what is wrong with this child to what has happened to this child.
- ACEs has a lasting impact on a child including: injury, mental health, maternal health, infectious disease, chronic disease, and risky behaviors (<https://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/aboutace.html>). Our hope is to bring awareness to ACEs in our communities, and help support those that are trying to build resiliency in local youth.

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¹ Policy, systems and environmental change is a way of modifying the environment to make healthy choices practical and available to all community members. By changing laws and shaping physical landscapes, a big impact can be made with little time and resources. By changing policies, systems and/or environments, communities can help tackle health issues like obesity, diabetes, cancer and other chronic diseases (<http://www.cookcountypublichealth.org/files/CPW/PSE%20Change.pdf>)

What are the SMART objective goals and major purpose(s) of this initiative? (SMART objectives are Specific, Measurable, Attainable, Relevant, and Time Bound. Example: By May 2019; all soft drink machines in Lauderdale County Schools will be turned off during the school day, per school board policy.) (300 words max); (10 points available)

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- By July 2019, this project aims to raise awareness in the community about ACE's and the possible consequences of ACE's including substance abuse.

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What is the annual budget and funding source for this initiative? If no funding is available, how have you implemented or sustained the initiative? (150 words max); (5 points available)

- There is no annual budget for this initiative. Any materials we need can be printed or ordered from the Tennessee Commission on Children and Youth. Otherwise we do not receive any funding or resources.

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Have community partners helped with the initiative? What are the roles of these partners? (300 words max); (20 points available)

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- We've created new community partnerships by presenting at each local health council. We've received referrals from these presentations to speak with providers and school system staff. To date, we've presented to over 100 people in our communities. After each presentation the facilitator will leave their contact information. We ask that the community partners send us referrals for other groups that we can present to. We've received referrals to speak to a couple of school systems, and our Coordinated School Health Coordinators. The role of our community partners is to help spread the word about ACEs, and help us get referrals. Our hope is to eventually provide training to school staff (nurses, administrators, teachers, guidance counselors, etc) during their in-service days at the beginning of the school year.

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Describe your staff's involvement, including the interdisciplinary team approach taken with this initiative? Begin with the planning process; explain staff roles in planning and implementing the initiative. Discuss how you foster creative scheduling so that clinical staff can lend their expertise? (350 words max); (20 points available)

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Our ACES committee was started from concerns raised by observation from our Home Visiting Program staff. The homes they are typically in are affected by poverty, substance abuse, mental health issues, unsafe sleep practices and unstable family environments among other things that could be the result of ACE's in their past as well as to contribute to ACE's in the next generation. The East Region FHW staff is comprised of many programs that focus on a family's health and wellness. They a decided they needed to raise awareness and educate the community on the importance of this issue that affects so many facets of our population. Our committee includes nurses, nutritionists, Child Fatality, QI, Administration and Children's Special Services, most who have been trained as facilitators for ACE's/Building Stronger Brains. We have created an ACE's calendar for referrals so the committee will be aware of the needs and volunteer for these events as their

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schedule allows. The committee also meets about every 6 weeks to discuss new business and evaluate events that we have participated in.

Everyone on our committee serves an important role whether it be to present to a community group, help with set-up for the presentation, help with paperwork following the presentation, or help manage referrals that we receive. Everyone has a task delegated to them to help the committee run smoothly. In addition to using the group calendar, we also have a group email for correspondence to help keep up with who is going where/who is doing what. Everyone is able to pick presentation day/times based on their schedule. We have the ability to make our schedules a little more flexible when we need to. Whether it be an evening presentation, an early morning presentation, etc. With our supervisor's approval we are able to schedule our day a little differently to accommodate presentations.

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In what way is this initiative especially innovative? How is this initiative different from other similar programs? Is there a specific idea tested with this approach? Is this work informed by relevant literature or research studies? (400 words max); (20 points available)

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This initiative is innovative in the sense no other region is focusing on ACEs (to our knowledge). Our region was one of the first regions to have all TDH staff trained on ACEs (including county, DGA, state employees). We are the only one allocating staff and time for this initiative. Unlike other programs throughout the Region, our project is the only one that focuses on educating stakeholders in order to empower community members to make meaningful changes such as, policy changes in the school systems, and to help to improve the health of their communities.

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Our committee works as a liaison between our communities and TCCY to obtain funding such as grants, etc. that will be needed to make healthy changes. We are able to pass along grant opportunities that we hear about to our community partners that are interested.

The research for this project is based on research done by the CDC, TCCY, Child Fatality Review Board, etc. We use their data and statistics to help drive our project.

How are you evaluating the effectiveness of the initiative? Is the initiative on track to achieve stated goals or has it achieved stated goals? (350 words max); (20 points available)

We are evaluating the effectiveness of our ACES initiative in several ways. After each ACES presentation provided by one of our facilitators, the participants are asked to complete a short survey which evaluates our presentation. The survey was created by Building Stronger Brains and is an online based survey. We then review these evaluations and make any necessary changes to our presentations based on the feedback we receive. The material we present on is created by Building Stronger Brains. We can adjust our presentation based on feedback in ways such as, explaining a concept in more detail, less detail, providing a shorter presentation, longer presentation, etc.

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Another way we evaluate our effectiveness is by the number of referrals we receive. We provide our contact information and availability throughout our communities. Then when we receive referrals/interest from organizations, we will go and present either a 15 minute, 30 minute, or 1 hour ACES

presentation. When we do a good job at our ACES presentations, especially to larger groups, then we receive more referrals/requests to come do additional trainings to various organizations. Therefore, more requests/referrals to come present, means we are getting our message across in an effective manner. To date, we've presented to all 15 local health councils, our Regional Health Council, and 92 staff members with Maryville City Schools and Grainger County Schools. We've also presented to medical providers in Roane County along with Coordinated School Health Coordinators in hopes of providing ACEs training to all school system staff in our region during their annual in-services.

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What limitations or obstacles might be expected if others wished to replicate this initiative? (300 words max); (50 points available)

Our team is comprised of people that are very passionate about ACES and the importance of making a difference in our East Tennessee communities. Overall we have received positive feedback, especially after giving ACES presentations to various groups. A few limitations or obstacles that might be expected are staff scheduling difficulties, and obtaining referrals. Our staff was able to utilize the online ACES calendar in order to see which team members were available for presentations, meetings, or other events. As with any project it can be hard to get everyone together to meet and work on projects. Since this is a Regional Office committee most of the staff on the committee are out in the counties helping cover clinic, conducting audits, meeting with staff, etc.

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As per obtaining referrals, our committee utilized other health department services such as child fatality review board (which are community members), CSS/Home Visitors, East Tennessee Health Council Members, etc. One barrier that we have encountered is most groups that we present to want to know what the next steps are to address ACEs. They want to know what can we do to help children that have a high ACEs score. Unfortunately, there isn't any literature or anything we can pass along. We are only able to encourage people to invest in children and be the person that takes an interest in them to help turn things around for them. We are able to pass along grant opportunities, but now that most people have heard about ACEs they want new information about what they can do to help make a difference.

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Is this initiative sustainable without the resources of the local health department being involved? (250 words max); (20 points available)

Yes, this initiative is sustainable without the resources of the local health department. The Tennessee Commission on Children and Youth has training that has training that is already established. As stated previously, any materials we may need are provided through the TCCY. The TCCY relies on volunteers to help raise awareness and spread the message about ACEs.

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