



#Action4ACEs

viCare 1

SUMMARY Adverse Childhood Experiences Summit: BC & Beyond

HOW WE GOT HERE

Throughout the time of the Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative, we have strived to take the lead from our communities, Steering Committee and Clinical Faculties in determining how to collectively make the biggest impact on child and youth mental health and substance use in our province. Our Local Action Teams (LATs) have highlighted the power of involving schools and other partners in affecting change, and, most recently, the power in addressing childhood adversity and trauma for young people now and into the future.

It is safe to say that two years ago, we could not have imagined that in the final two months of the Collaborative we would be hosting an ACEs Summit with the most far reaching attendance we have seen to date. The cumulative energy to get to this place has been largely from our Local Action Teams, Steering Committee and Faculties.

LEARNING ABOUT ACEs TOGETHER

On November 14th and 15th, the Shared Care Committee (one of four Joint Collaborative Committees representing a partnership of Doctors of BC and the BC government) hosted 600 people in Vancouver for the ACEs Summit: BC and Beyond.

We named it 'BC and Beyond' in testament to the strong partnership forged with Alberta that has allowed us to learn from leaders from the Palix Foundation and the Alberta Family Wellness Initiative. In all we hosted attendees from four provinces and two US states at the Summit, and benefitted greatly from the new voices and experiences brought to the table through these participants.





SUMMIT ATTENDEES

The breakdown of attendees registered for the Summit can be see below. Perhaps most notably, about half of the participants from BC did not identify as being part of the CYMHSU Collaborative. This engagement of new partners has opened the door to forging new relationships that can support work moving forward in this area.

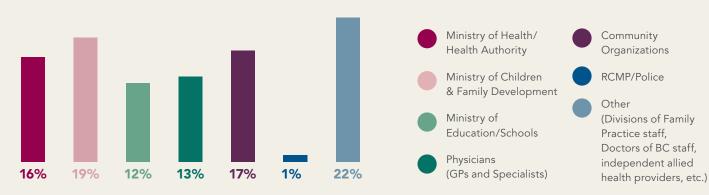


'The cross-pollination of the participants was not only significant, but modelled what should be done in practice in our communities. As Sitting Bull says "Let's put our minds together and see what life we can make for our children".'

Flexible

— Participant

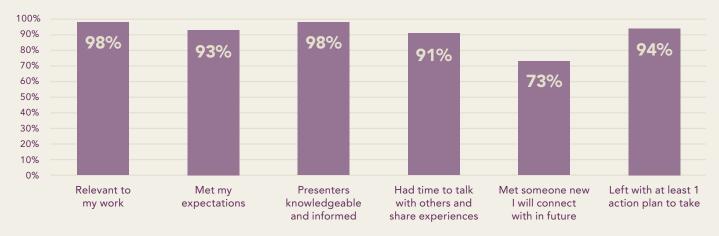




WHO WAS THERE FROM BC

WHAT PEOPLE THOUGHT OF THE SUMMIT

The reviews of the Summit were very positive, as can be seen in the graph below.



Flexible

% Agree or Strongly Agree

It was exciting to see that **94% of attendees left with actions** they plan to take and **73% made a new connection** they plan to use moving forward.

SUMMIT HIGHLIGHTS

Nancy Mannix brings learning from Alberta to BC

The Summit opened with a plenary from Nancy Mannix, the Chair and Patron of the Palix Foundation, a private foundation whose philanthropy aims to support improved health and wellness outcomes for all children and families. Nancy not only shared the research on the impact that ACEs have in our population, but also some of the innovative programs, resources and research underway in Alberta to mitigate the impact of ACEs over time. Perhaps most notably, she highlighted the available free Brain Story Course through the Alberta Family Wellness initiative (http://www.albertafamilywellness.org) which had many participants buzzing regarding the ability to access this high quality training at no cost, and to spread within their own organizations as soon as they returned home.

90% of the attendees rated this session a **4 or 5 out of 5 making it the most highly rated session of the Summit**, with many attendees remarking it was a highlight for them during the two days.



"The presentation by Nancy Mannix was very motivating"

[the most impactful session was] "The information presented by the Palix Foundation in Alberta. I felt inspired to hear their offer to partner and share information. There is a great deal of work already done that we can benefit from in order to move forward."

PANEL PRESENTATIONS & SHARED EXPERIENCES

The Summit included three panel presentations focusing on three different areas related to ACEs and trauma informed care. These were:

- 1. 'Mitigating the Impact of ACEs' highlighted strategies and approaches from primary care, paediatric care, schools, community groups, and most importantly, the voice of lived experience to guide our efforts.
- 'ACEs and the Opioid Crisis' brought together diverse voices from health, justice and lived experience to highlight how trauma has contributed to the current opioid crisis and what we need to do to support those most vulnerable.
- 3. Our third panel, 'Exploring ACEs and Trauma Informed Approaches in Indigenous Contexts', allowed us to hear from five strong Indigenous voices around how trauma has impacted them and their communities, and how together we can walk the path towards healing and reconciliation. The panel was concluded by an inspiring performance from Coastal Wolf Pack, showcasing the intergenerational resilience present in Indigenous communities and the critical link that culture plays in healing.



These three panels, with the support of our three talented moderators, allowed us to hear from 15 amazing individuals who shared a variety of lessons on what we can do moving forward. We are grateful they agreed to provide their voices and share their knowledge and insights with the participants.

Flexible

POSTER PRESENTATIONS & BREAKOUT SESSIONS

Two other high energy components of the ACEs Summit were the poster presentations on day one and the seven breakout sessions on day two.

The poster presentations featured work from 52 different groups, spanning Canada and the US. They highlighted research, emerging programs, and community initiatives. The poster abstracts have been compiled in a brochure **here** and we encourage all attendees to connect with the presenters to learn more.

The breakout sessions provided an opportunity for smaller group discussions in seven topic areas related to ACEs and trauma. The sessions included a wide variety of formats and speakers, and were universally well rated. The sessions provided an opportunity for attendees to discuss concrete actions they can take moving forward. We thank all our breakout leads and speakers for the effort they put into designing and leading their sessions.





DR. VINCENT FELITTI SHARES THE GENESIS OF THE ACEs STUDY

We were very lucky to have Dr. Vincent Felitti, principal investigator of the original ACEs study, join us as our keynote speaker for dinner on day one. Dr. Felitti shared how his research into obesity spawned the first ACEs study in California. Nearly 20 years ago this ground-breaking research was published, the findings from which have been replicated in numerous international populations since. For many, the ability to hear this prominent physician and researcher share his story was a highlight into understanding the impacts of ACEs across the life span.

LOCAL EXPERTISE SETS THE STAGE FOR FUTURE WORK

The Summit concluded with **Dr. Nancy Poole** and **Dr. Grace Elliot Nielsen** highlighting work underway to take action on ACEs, and prompting participants to think of what their next steps would be from the two days. Having local BC expertise round out the session was a perfect ending to the two days.

WHERE TO FROM HERE?

After such a successful event we are left with one resounding question, where to from here? How do we ensure the energy and ideas from the Summit are not lost moving forward as we all return to our busy lives. **One strategy was to ask attendees to identify one action** they plan to take from the Summit. You can see a few of these responses below:

"To be more cognizant of what brought my clients to me, and to work ACE evaluation into my intakes."

"I will be taking the brain story training, along with the rest of my team (who were very excited when I brought this information back after I attended the training)" "Going to re-evaluate what programs are best suited to build resilience in a big way – going to ask 'how did that experience impact you?" "I found some of the stories from Indigenous community members to inspire me the most. I plan to take more time to listen to my client's stories, histories and trauma." We also asked **"what is one thing we can do to move forward on addressing ACEs and Trauma?"** and received a variety of ideas. Some of which are highlighted below.

"Offer funding to begin movement among communities to start initiatives for bringing trauma informed practice to their communities."

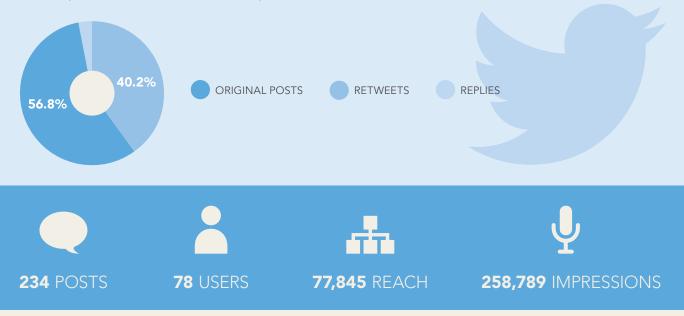
"Create opportunities and resources that foster common language, ideally with upstream focus on how to build resilience of all kids" "Keep the momentum going and create a cross-sectoral work plan which monitors and evaluates how the ACE findings are being rolled out across the sectors to measure impact." "Engage the frontline workers of each region on what is needed there specifically, rather than cookie cutter approaches"

"Build a movement. Think like an organizer."

"Advance the science on resilience. Don't wait for RCT, do it with PDSA quality improvement methodologies. Figure out how to measure resilience in a validated way and then track resilience measures over time as we work to improve resilience in our vulnerable populations."

TWITTER #ACTION4ACEs

There was a lot of #Action4ACEs on Twitter! Thank you for engaging and sharing your thoughts with us all. The analysis of the hashtag shows that you reached **77,845 twitter accounts**, and over **250,000 people** had the potential to see your tweets (impressions).



IN SUMMARY

The CYMHSU Collaborative was proud to be able to host the first ACEs Summit in BC, thanks to support from the Shared Care Committee. We sincerely hope other partners will pick up the event in future and continue to build the network of energetic professionals dedicated to this work. If the enthusiasm for this conference is any indication, there is a tremendous amount of potential moving forward.

RESOURCES

• For more information about ACEs please click here

Healing Families Helping Systems

- For resources and presentations from the ACEs Summit please click here
- For pictures from the Summit, please enter login and password here (see below)

Login: DRs of BC ACEs Password: DRs of BC ACEs (Case Sensitive)

 'ACEs Consensus Statement: To Build Better Lives We Need to Build Better Brains': At the ACEs Summit many leaders gathered together with Dr. Vincent Felitti to identify how B.C. can collectively prevent and mitigate the impact of ACEs over lifetimes. The result is a co-developed statement developed to signify the commitment of many to focus on these common goals moving forward.

SARDIS DOORWA

Support for Single & High Risk Mothe and their Young Children

Vision Statement: The vision of Sardis Doorway Mothers & Children Society is: That every child u attends Doorway has the support and resources need to reach their full developmental potential every parent who attends Doorway has the supp and resources they need as they obtain health a self reliance; That every volunteer who voluntee DoorWay knows that they are valued for the per they are as well as the work they do; That every who is connected with Doorway ~ as a participan volunteer or contributor will know their God-giv worth and recognize the gifts they can contribut their community.