

Action Plan to Address Childhood Adversity in Illinois

May 25, 2021



**The Illinois
ACEs Response
Collaborative**

Health & Medicine
POLICY RESEARCH GROUP

Contents

Purpose	2
Background on ACEs	3
Addressing Childhood Adversity in Illinois	5
Action Plan Process and Recommendations	7
Overview	7
Plank 1: Trauma-Informed Policymaking	9
Plank 2: Improve State-Level Coordination	11
Plank 3: Educate, Build Awareness, and Advocate	12
Plank 4: Improve Data Collection and Accessibility	13
Plank 5: Identify Trauma-Informed Practice Metrics	15
Next Steps	17
Acknowledgments	18

Purpose

In Illinois and across the nation, there is growing recognition that childhood experiences and environments are profoundly connected to health and well-being throughout life. Over two decades of research demonstrate that safe and stable environments in the community and at home shore up a child's development and nurture their promising futures. Conversely, adverse experiences and environments in childhood can create toxic levels of stress which, over time, can disrupt development and contribute to a range of health and social consequences.

Unlocking the potential of Illinois residents requires all of us—from policymakers and community members to educators and health professionals—to share in the responsibility of preventing childhood adversity, building resilience, and promoting healing from trauma and adversity throughout life. While always critical to Illinois' future, this issue has taken on new urgency as the state addresses the immediate and long-term impacts of the COVID-19 pandemic and confronts the historical and contemporary oppressions of racism and discrimination.

It is in this spirit of urgency and shared responsibility that the Illinois ACEs Response Collaborative, a program of Health & Medicine Policy Research Group, convened a Statewide Working Group to develop ***The Action Plan to Address Childhood Adversity in Illinois (“Action Plan”)***. Launched in July 2020, the Statewide Working Group engaged in a 10-month strategic planning process to develop a coordinated statewide response for mitigating trauma's lasting effects on children's health and well-being and to promote healing and thriving at every stage of life. ***The Action Plan*** builds upon a solid foundation of research, collaboration, trauma-responsive policy and practice expertise, and the knowledge and experience of community members.

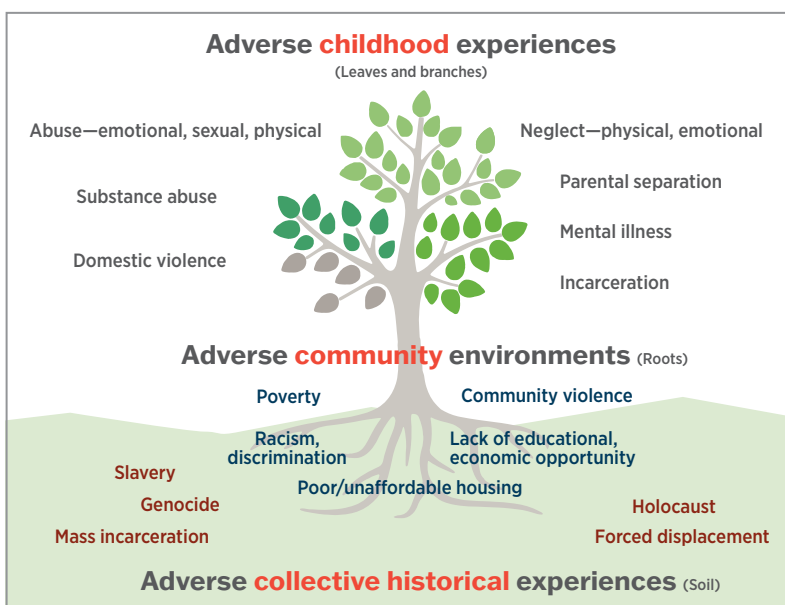
Background on ACEs

In 1998, the Centers for Disease Control and Prevention’s (CDC) landmark Adverse Childhood Experiences (ACEs) Study identified a clear connection between certain individual experiences in childhood, such as abuse or witnessing violence, and adverse health outcomes later in life, such as heart disease and cancer.¹ The findings galvanized a movement to improve health and well-being over a lifetime by preventing and holistically addressing adversity in childhood.

Among the ACE Study’s findings were three notable discoveries: 1) ACEs were common. With over 17,000 people participating in the study, 64 percent reported at least one of the ten ACEs identified; 2) the more ACEs a respondent had, the more likely they were to be dealing with health issues like cancer, diabetes, and heart disease. Outcomes like drug and alcohol misuse, as well as depression, anxiety, ADHD, and other mental and developmental issues were also more likely as ACE scores went up; and 3) having six or more ACEs increased the risk of a shortened lifespan- up to 20 years less than those with zero ACEs.

The data in Illinois is consistent with the findings of the original ACEs Study. In 2013 and 2017, Illinois opted to include a version of the ACEs Study in the Behavioral Risk Factor Surveillance System (BRFSS), an annual telephone survey that collects data from adults about health-related behaviors and conditions. The BRFSS survey found that almost 60 percent of adults in Illinois reported at least one ACE and approximately 16 percent of Illinois adults reported four or more ACEs.

In the two decades since the original ACE Study, further research has extended our understanding of the types of childhood experiences that influence health and social outcomes throughout life to include community contexts, structural factors, and historical experiences. This includes



Sonu, S. (2018). Adapted from “A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model” by Ellis, W. & Dietz, W., 2017, *Academic Pediatrics*, 17: S86-S93.

1 Felitti, Vincent J., et al. (1998). “Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study.” *American journal of preventive medicine* 14(4): 245-258.

historical trauma, such as slavery or the Holocaust² as well as continued community trauma like racism and discrimination.³ These forms of trauma are perpetuated by discriminatory policies that overload some communities and families with stressors, such as poverty and violence, while channeling resources that promote resilience and thriving, such as jobs, good schools, and health and mental health services into other communities.

While research on adverse childhood and community experiences emphasizes just how much trauma can impact life trajectories, it also reveals that protective factors—like caring and stable relationships with a parent or family member, cohesive communities, adequate health and social services, integrated social-emotional learning practices, restorative justice procedures in schools, responsive health systems that understand behavioral health, and the development of coping skills—can prevent childhood adversity, buffer against the harmful effects of trauma, and promote healing.

Transforming policies and practices in Illinois to prevent trauma and build resilience has enormous potential to improve health and mental health outcomes, educational attainment, social connections, and community well-being while reducing involvement in the justice system.

² Yellow Horse-Brave Heart, M. (1998). The Return to the Sacred Path: Healing the Historical Trauma and Historical Unresolved Grief Response Among the Lakota through a Psychoeducational Group Intervention. *Smith College Studies in Social Work*. 68(3): 287–305.

³ Pachter, Lee M. et al. (2017). Developing a Community-Wide Initiative to Address Childhood Adversity and Toxic Stress: A Case Study of The Philadelphia ACE Task Force. *Academic Pediatrics*. 17(7): S130–S135.

Addressing Childhood Adversity in Illinois

Decades of organizing, collaborating, advocacy, awareness building, and policymaking by a diverse set of stakeholders across the state laid the groundwork for this Action Plan. Notably, in May of 2019, the State of Illinois formally recognized the impact of adverse childhood experiences on lifelong health with the inaugural Trauma-Informed Awareness Day. As part of this effort, the General Assembly passed a [Trauma-Informed Awareness Day Resolution](#) that includes a call to action for the state:

*RESOLVED, BY THE SENATE OF THE ONE HUNDRED FIRST GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that **policy decisions enacted by the Illinois State Legislature should acknowledge and take into account the principles of early childhood brain development and should, whenever possible, consider the concepts of toxic stress, early adversity, and buffering relationships**, and note the role of early intervention and investment in early childhood years as important strategies to achieve a lasting foundation for a more prosperous and sustainable State...*

The bill also encourages state departments to use trauma-informed practices:

*RESOLVED, That we encourage all officers, agencies and employees of the State of Illinois whose responsibilities impact children and adults, including the Office of the Governor, the State Board of Education, the Department of Human Services, the Department of Children and Family Services, the Department of Public Health, the Department of Juvenile Justice and Department of Corrections, to **become informed regarding well-documented short-term, long-term and generational impacts of adverse childhood experiences, toxic stress and structural violence on children**, adults and communities and to become aware of evidence-based and evidence-informed trauma-informed care practices, tools, and interventions that promote healing and resiliency in children, adults and communities.*

Local resolutions recognizing Trauma-Informed Awareness Day in communities such as [Winnebago County](#) and the [City of Chicago](#) reinforced the growing demand to translate awareness of the impacts of adversity in childhood into concrete action.

In 2021, the Illinois House and Senate Trauma-Informed Awareness Day Resolutions ([SR 277](#) and [HR 212](#)) maintain a commitment to trauma-informed policymaking while also expanding the definition to explicitly include addressing racial injustice and inequities:

*RESOLVED, That we encourage all officers, agencies and employees of the State of Illinois whose responsibilities include individuals throughout the life course and communities, including the Office of the Governor, the State Board of Education, the Department of Human Services, the Department of Children and Family Services, the Department of Public Health, the Department of Juvenile Justice and Department of Corrections, to become informed regarding well-documented short-term, long-term and multi-generational impacts of adverse childhood experiences, toxic stress, systemic racism and other potentially traumatic experiences for children, adults and communities, **and to become aware of and implement evidence-based and racially-just, trauma-informed healing-centered care practices, tools, and interventions that promote positive experiences and racial justice to build resilience in individuals and communities so that they will be able to maximize their well-being and thrive.***

The recommendations outlined in this Action Plan are designed to move Illinois tangibly towards the vision articulated in the 2019 and 2021 Trauma-Informed Awareness Day Resolutions.

Action Plan Process and Recommendations

Overview

The Illinois ACEs Response Collaborative launched the Statewide Working Group in July of 2020, inviting leaders from across Illinois to participate in a collaborative strategic planning process to develop a coordinated statewide response for mitigating trauma's lasting effects on children's health and well-being and to promote healing and thriving at every stage of life. Statewide Working Group members included representatives from state and local governments, statewide and community-based nongovernmental organizations, advocates, academics, health care providers, and community members.

As part of the Action Plan development process the Illinois ACEs Response Collaborative:

- Published [a national scan](#) of policies and state-level legislation across the country that incorporate adverse childhood experiences (ACEs), trauma, and trauma-informed care in order to identify promising approaches and opportunities for growth in Illinois.
- Convened the full Statewide Working Group four times over the course of the year to coalesce around shared values and identify high-level opportunities for the Action Plan.
- Surveyed the Statewide Working Group to gauge priorities and identify focus areas for the Action Plan.
- Hosted focus groups and discussions with parent leaders from Community Organizing and Family Issues (COFI) to ensure that the Action Plan reflects the priorities and expertise of community members.
- Convened subcommittees of the Statewide Working Group to translate the high-level opportunities that emerged in the full Statewide Working Group convenings and survey into specific action items.

Through this collaborative process, consensus emerged among the Statewide Working Group around the direction and focus for the Action Plan, reflected in these Five Planks:

Five Planks of the Action Plan

Plank 1: Trauma-Informed Policymaking.

Improve the design and implementation of public policies by applying trauma-informed principles to the policymaking process.

Plank 2: Improve State-Level Coordination.

Improve state-level coordination and collaboration, including in strategic planning, policy and program design, and information and data sharing, to build a more comprehensive, multigenerational approach to addressing childhood adversity in Illinois.

Plank 3: Educate, Build Awareness, and Advocate.

Promote and support a commitment to shared responsibility and collective action to address childhood adversity and its impacts throughout life.

Plank 4: Improve Data Collection and Accessibility.

Ensure that data collection efforts are coordinated, contribute to a cohesive and holistic understanding about the status of childhood adversity and resilience in Illinois, and are trauma-informed in their development and administration.

Plank 5: Identify Trauma-Informed Practice Metrics.

Establish criteria for identifying an organization as trauma-informed and healing-centered.

Plank 1

Trauma-Informed Policymaking

Goal: Improve the design and implementation of public policies by applying trauma-informed principles to the policymaking process.

Key Challenges

- Policies have caused significant trauma and continue to traumatize individuals, families, and communities, including by creating and compounding inequities and disparities in health and overall well-being.
- Policies have created barriers to accessing the types of supports that prevent childhood adversity and promote healing, such as by establishing stringent eligibility requirements and by prioritizing punitive responses over restorative approaches.
- The policymaking process itself can cause harm, particularly when the voices and expertise of community members with relevant and lived experience and whose lives will be most impacted by a policy are marginalized and dismissed.
- Community members report that the grassroots engagement process by advocacy organizations is often not collaborative, with community members asked to participate in events but not given a voice in the planning or decision-making process.
- Community members also report that when asked to contribute ideas and suggestions they are often not provided with enough context about the purpose and goals of the effort or the outcomes related to the effort.



Applying Trauma-Informed Principles to Public Policies

The Trauma-Informed

Policymaking Tool developed by the Illinois ACEs Response Collaborative outlines a policy approach to preventing and healing from trauma. The two-page Tool adapts the Substance Abuse and Mental Health Services Administration's six principles of a trauma-informed approach and describes their application to both the process of policymaking and its outcome.

Strategies

- Educate legislative and agency staff on childhood adversity, the widespread impact of trauma throughout the life course, and the ways in which past and current policy decisions and processes create and exacerbate trauma.
- Engage in a concerted and coordinated effort to acknowledge and reconcile the harms that have been caused by public policies and by the policymaking process.

Continued

⁴ Substance Abuse and Mental Health Services Administration (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884.

Action Plan Process and Recommendations Continued

Plank 1: Trauma-Informed Policymaking Continued

- Educate and train legislative and agency staff on approaches for incorporating trauma-informed principles, such as safety, trustworthiness, collaboration, strengths-based approaches, and social justice, into the policymaking process.
- Collaborate to support advocacy organizations in becoming trauma-informed in their engagement with community members, including by engaging community members in the development of policy recommendations.

Action Items

- Map and align current efforts by coalitions and collaboratives to educate legislative and agency staff on trauma-informed principles and policymaking.
- Coordinate to convene subject matter hearings and briefings that offer multiple perspectives (e.g., community members, advocates, professionals in the field of trauma-informed programs and policymaking) on the value and benefits of trauma-informed policymaking for relevant committees, caucuses, and task forces.
- Conduct one-on-one outreach to legislators and agency leaders to gain support for trauma-informed policymaking.
- Develop guidance, tools, and trainings to support legislative and agency staff in incorporating trauma-informed principles into the policymaking process.
- Identify and share examples of trauma-informed policymaking as well as examples of policymaking that would have been improved with a trauma-informed approach.
- Identify and promote opportunities to incorporate trauma-informed principles into the rules and policies of governing bodies, including by increasing transparency and communications with the public about how to engage in policymaking processes.
- Develop guidance, tools, and trainings to support advocacy organizations in becoming trauma-informed in their engagement with community members.

Plank 2

Improve State-Level Coordination

Goal: Improve state-level coordination and collaboration, including in strategic planning, policy and program design, and information and data sharing, to build a more comprehensive, multigenerational approach to addressing childhood adversity in Illinois.

Key Challenges

- Multiple state agencies and departments have responsibility for addressing adversity in childhood and its impacts across the life course.
- A number of state-level efforts (task forces, committees, legislative caucuses, commissions, interagency working groups) relevant to addressing childhood adversity are currently underway or have recently concluded, though the extent of those efforts, including goals, outcomes, and recommendations, has not been adequately documented or cross-walked, limiting opportunities for a more cohesive state-level strategy.
- There are a number of state-level coalitions and collaborative efforts that focus on or address aspects of adversity in childhood and its impacts throughout life, though there are opportunities to improve alignment and coordination among these efforts.

Strategies

- Assess the current status of state-agency level coordination related to addressing adversity in childhood and its impacts across the life course.
- Develop and implement long-term solutions for improving and sustaining state-agency level coordination.
- Improve alignment and coordination among state-level coalitions and collaboratives that address issues related to adversity in childhood and its impacts throughout life.

Action Items

- Conduct a landscape analysis of the existing or recent interagency task forces and working groups aligned with addressing childhood adversity, including mapping the status, goals, outcomes, and recommendations from those processes.
- Identify recommendations for creating a long-term solution to ensure ongoing state-level coordination on addressing childhood adversity, such as by establishing and staffing a standing interagency office.
- Map the state-level coalitions and collaboratives that address issues related to adversity in childhood and its impacts throughout life, including missions, goals, and priorities, and develop recommendations for improving alignment and coordination.



Building Cross-System Connections

Illinois' Justice, Equity, and Opportunity (JEO)

Initiative, led by the Lieutenant Governor's office, emphasizes collaboration, coordination, and improved communications across agencies in its approach to advancing equity-focused policies and practices related to justice reform. The JEO Initiative is building connections between systems and agencies that have a role to play, such as education, housing, health and mental health services, workforce development, transportation, and violence prevention services.

Plank 3

Educate, Build Awareness, and Advocate

Goal: Promote and support a commitment to shared responsibility and collective action to address childhood adversity and its impacts throughout life.

Key Challenges

- The lack of a shared understanding about the impacts of trauma and adversity in childhood and strategies for preventing and addressing its effects throughout life contributes to the implementation and perpetuation of harmful practices and policies.
- The public has not been made widely aware of the types of policies, practices, and programs that can prevent and mitigate the potential effects of trauma and adversity in childhood, limiting engagement in advancing and advocating for solutions.
- Harmful narratives and policies have stigmatized the services and supports that prevent and address childhood adversity, reducing both the public's willingness to access supports and the political will to make them widely available and accessible.

Strategies

- Raise public awareness about the impacts of trauma and childhood adversity and strategies for preventing childhood adversity, building resilience, and promoting healing throughout life.
- Build support for trauma-informed, healing-centered practices and resilience-building methods with the public and policymakers.

Actions Items

- Coordinate to plan and initiate a multiyear, multisector campaign to educate the public, policymakers, the media, and key institutions (e.g. education, health, justice system, community-based organizations, civic organizations, and businesses) on the impacts of trauma and childhood adversity, as well as the strategies for prevention, resilience-building, and healing.
- Develop sample messages and presentations designed to extend the public's understanding of childhood adversity, including the historical, structural, and community factors that contribute to childhood adversity.
- Develop sample messages and presentations designed to promote the public's understanding of the programs, policies, and factors that promote resilience and healing throughout the lifespan.
- Partner with community members to develop peer-to-peer communications tools and resources to support their advocacy and awareness-raising activities within their communities.



A Community-wide Approach to Public Awareness

The Winnebago

County Health Department leads

Winnebago County Trauma

Informed Community, a

collaborative effort to foster

resiliency and well-being in its

residents. Among other strategies,

the Winnebago collaborative

educates community members

on ACEs and resiliency through

trainings, community events, and

discussions. The effort has garnered

local media attention, magnifying

the awareness-raising efforts in

Winnebago.

Plank 4

Improve Data Collection and Accessibility

Goal: Ensure that data collection efforts are coordinated, contribute to a cohesive and holistic understanding about the status of childhood adversity and resilience in Illinois, and are trauma-informed in their development and administration.

Key Challenges

- Multiple public health surveys gather pieces of information related to childhood adversity (scope/impact throughout life), protective factors, and resilience, but those pieces are often left siloed, making it more difficult to understand the full scope of the challenges and opportunities in Illinois. The siloed approach also limits our ability to identify gaps in data collection efforts.
- Survey data is not easily available and accessible and is often not translated or presented to the public in clear and widely understandable terms.
- Community members report being asked to respond to similar survey questions from multiple entities over a similar time period, suggesting that greater coordination is necessary.
- The survey process is too often one-sided, with community members providing information, but rarely seeing how that information is put into practice (i.e. are changes made to programs or policies to reflect the feedback and input community members provided?).
- Community members do not always know the purpose of the survey they are asked to respond to, the relevance of specific questions within the survey, why they are asked to provide demographical information and how that information will be used. As a result, community members may decline to participate in the survey or may skip questions within the survey.
- The types of questions asked are not always reflective of the values, culture, and lived experiences of the people being interviewed.
- Respondents who raise painful or traumatizing information when participating in a survey are often not provided with effective follow-up support and resources.



Making Data Accessible for the Public

Wisconsin's Child

Well-Being Indicators Dashboard, published annually by the Wisconsin Office of Children's Mental Health, distills available data on children's well-being into an easy-to-digest report available on its website. This is one promising approach to data transparency and accessibility that Illinois could explore implementing.

Continued

Plank 4: Improve Data Collection and Accessibility Continued

Strategies

- Identify existing sources of data related to ACEs that state agencies collect or rely upon, including protective and resiliency factors, and identify gaps in data collection efforts.
- Ensure that ACEs related data collected or relied upon by state agencies is easily accessible and understandable by multiple audiences, including policymakers, researchers, advocates, and community members.
- Adopt trauma-informed data collection practices to: 1) address challenges related to trust, transparency, and communications between survey administrators and respondents; and 2) mitigate the harm participants may experience when asked to share painful or traumatizing information.

Action Items

- Develop a crosswalk of ACEs related data currently collected or relied upon by state agencies, including protective and resiliency factors, to better understand the current data landscape and gaps.
- Develop a report that connects the dots between the relevant datasets in order to yield a more comprehensive understanding of how childhood experiences are impacting health and well-being throughout the life course in Illinois.
- Develop a dissemination strategy that makes data accessible and understandable in multiple languages and to multiple audiences, including policymakers, researchers, advocates, and community members.
- Engage in an inclusive process to identify protective factors that reflect the values and lived expertise of community members for possible inclusion in broader data collection efforts.
- Explore the feasibility of developing and maintaining a dashboard to make the ACEs related datasets Illinois relies upon easy for the public to find, navigate, and understand, including by making it accessible in multiple languages and for disabled residents.
- Identify and disseminate recommendations for trauma-informed data collection.

Plank 5

Identify Trauma-Informed Practice Metrics

Goal: Establish criteria for identifying an organization as trauma-informed and healing-centered.

Key Challenge

- Increased awareness about ACEs and trauma is driving increased interest in trauma-informed transformation within organizations, systems, and communities. However, a lack of agreed upon standards, metrics, and guideposts related to defining what it means to be trauma-informed makes it difficult to discern if an organization, system, or community is progressing towards its goals.
- There is also a recognition that a one-size-fits-all definition or set of metrics may not work for the diverse range of organizations and sectors that are engaged in trauma-informed transformation.
- Trauma-informed transformation is an ongoing journey that does not lend itself to a clear endpoint, but more guidance is needed to help organizations, institutions, and communities assess where they are in that journey, from awareness to the implementation of specific policies or practices to a comprehensive and sustained shift in culture, policies, and practices.
- There is not yet consensus or a shared approach to accountability for organizations, institutions, and communities identifying as engaging in trauma-informed transformation.



Defining and Measuring Progress

In January of 2021, the Illinois General Assembly established a “Whole Child Task Force” as part of the education reform package developed and championed by the Illinois Legislative Black Caucus. The goals of the Whole Child Task Force include:

- Creating common definitions of trauma-responsive schools, districts, and communities.
- Outlining training and resources required to create and sustain a system of support for trauma-responsive schools, districts, and communities.
- Identifying or developing a process to analyze organizations that provide training in restorative practice, implicit bias, anti-racism, trauma-responsive systems, mental health services, and social and emotional services to schools.
- Providing recommendations regarding key data to be collected and reported.

The Task Force’s findings and recommendations, expected by February of next year, have the potential to move the action items within this plank forward significantly.

Strategies

- Establish a shared framework for assessing and measuring progress towards trauma-informed and healing-centered transformation at the organizational, systems, and community levels.
- Establish a transparent process that organizations, systems, and communities can engage in to identify their progress in adopting trauma-informed and healing-centered policies and practices.

Continued

Action Plan Process and Recommendations Continued

Plank 5: Identify Trauma-Informed Practice Metrics Continued

- Identify opportunities for implementing trauma-informed care and trauma-informed transformation accountability measures in Illinois, such as certification processes and professional licensure requirements.

Action Items

- Identify and analyze the range of definitions, standards, and metrics that organizations, systems, and communities are currently relying upon to assess and measure progress towards becoming trauma-informed.
- Develop a set of recommended definitions, standards, and metrics that would offer a consistent and valid approach for identifying an organization, system, or community as trauma-informed.
- Develop guidance for adapting definitions, standards, and metrics to meet the needs of specific sectors.
- Develop and disseminate guideposts that organizations, systems, and communities could rely upon to assess where they are in the trauma-informed transformation process.
- Conduct a scan of accountability measures related to trauma-informed care and trauma-informed transformation, such as certification processes, that are currently in use or under development across the country.

Next Steps

The Action Plan to Address Childhood Adversity in Illinois represents the collective contributions of leaders from multiple sectors across the state. Implementation of the Action Plan must also reflect the spirit of shared responsibility and leadership that informed the plan's development. While implementation of the Action Plan will require sustained commitment over multiple years, immediate next steps will include:

- Convening members of the Statewide Working Group to identify and prioritize immediate, mid-term, and long-term Action Plan implementation opportunities.
- Disseminating the Action Plan broadly to the public, policymakers, and the stakeholders across the state and raising awareness about opportunities to participate in or lead specific implementation efforts.
- Soliciting input from the public, policymakers, and stakeholders across the state on opportunities for implementing Action Plan strategies and refining the Action Plan in the future.
- Developing a system to map and track activities and initiatives aligned with the Action Plan.
- Establishing regular communications with partners, policymakers, and the broader public on progress, opportunities, and barriers towards implementation of the Action Plan.

Get Involved

[Sign up](#) for the Illinois ACEs Response Collaborative's newsletter to stay up to date on Action Plan implementation efforts and opportunities.

Learn more about ACEs and the original ACE Study with resources from the [Centers for Disease Control and Prevention](#).

Learn more about Toxic Stress and Resilience with this [Guide to Toxic Stress](#) developed by the Center of the Developing Child at Harvard University.

Learn more about Trauma-Informed Care at the Center for Health Care Strategies' [Trauma-Informed Care Implementation Resource Center](#).

Explore [additional resources compiled](#) by the Illinois ACEs Response Collaborative.

Questions or ideas? Share them with Bridget Gavaghan, Director of the Illinois ACEs Response Collaborative, at bgavaghan@hmprg.org.

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About Us

Illinois ACEs Response Collaborative

Established in 2011, the Illinois ACEs Response Collaborative (the Collaborative) works to catalyze a cross-sector movement to prevent trauma and promote thriving across the lifespan and to place the impact of childhood experience at the forefront of the equity agenda in Illinois. The Collaborative envisions a thriving and equitable Illinois in which individuals, families, communities, and all systems and sectors work together to prevent trauma, heal, and flourish.

Learn more by visiting hmprg.org/programs/illinois-aces-response-collaborative/

Health & Medicine Policy Research Group

Health & Medicine is a Chicago based non-profit working to improve the health of all people in Illinois by promoting health equity. Founded in 1981 by Dr. Quentin Young, it was formed as an action-oriented policy center—nimble, independent, and focused on regional health issues. Health & Medicine’s mission is to promote social justice and challenge inequities in health and health care. It conducts research, educates and collaborates with other groups to advocate policies and impact health systems to improve the health status of all people. Health & Medicine has successfully developed health policy recommendations and implementation strategies for different public and private entities, earning the trust of the legislature, advocates, the media, researchers and policymakers at all levels of government in Illinois to become the region’s “honest broker” on healthcare policy matters.

Learn more at hmprg.org

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