

SEPTEMBER 2017

Prevent Child Abuse Iowa:

# CONNECTIONS MATTER - A RESPONSE TO ACES EVALUATION REPORT



**CONNECTIONS MATTER™**  
developing brain • relationships • community

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## INTRODUCTION

### Background

The original Adverse Childhood Experiences (ACEs) study took place in the 1990s in California. It was a joint venture between the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. The study involved over 17,000 adults and it tracked health outcomes and risk behaviors against childhood ACEs. In this landmark study, 10 ACEs were particularly studied: physical, sexual, and emotional abuse; emotional and physical neglect; and several family dysfunction ACEs of: witnessing domestic violence against the mother; living with someone in the family with mental illness, depression, or suicidal tendencies; having someone in the household that was chemically dependent; incarcerated family members; or loss of parent due to death, divorce, or abandonment. Prevent Child Abuse (PCA) Iowa, used these research indicators to develop a response to ACEs. PCA Iowa developed the Connections Matter (CM) Initiative.

For over 40 years beginning in 1975, PCA Iowa, with the support of many partners, has worked to create safe, nurturing environments for Iowa's children. The Community Based Prevention initiative was designed to engage community members in building caring connections to improve well being. The Initiative builds off a project that uses the ACEs research (<https://www.iowaaces360.org/iowa-aces-research.html>) to raise the level of commitment to child abuse prevention in Iowa Communities.

PCA Iowa was a member of the Central Iowa ACEs Coalition that created the Beyond ACEs: Building Hope & Resiliency in Iowa (2016). Below is the link to the brief infographic summarizing the report.  
[http://www.iowaaces360.org/uploads/1/0/9/2/10925571/infographic\\_aces\\_iowa\\_final.pdf](http://www.iowaaces360.org/uploads/1/0/9/2/10925571/infographic_aces_iowa_final.pdf)

This report examines three years of data collected among Iowa adults measuring eight types of adverse childhood experiences (ACEs). The analysis indicated that most Iowa adults have experienced childhood trauma, an indicator of higher rates of chronic diseases, mental illness, violence, risky behaviors, and reduced life expectancy. Results showed that communities connected through caring relationships have better physical and mental health, increased workplace productivity and school success and less crime and homelessness.

Prevent Child Abuse Iowa (PCA Iowa) partnered with Central Iowa ACEs, the Developing Brain Group represented by Blank Children's Hospital and Orchard Place/Trauma Informed Care Project. The initial curriculum was developed through grant money by Blank Children's Hospital. Starting in September of 2015 through 2016, PCA Iowa had trained approximately 400 presenters to share the CM message and worked closely with 10 communities regarding the potential of addressing ACEs through child abuse prevention in six dimensions: efforts, knowledge of efforts, leadership, climate, knowledge of the issue and resources. Assessments were completed to determine each community's level of awareness and readiness to address ACEs through child abuse prevention.

**TABLE 1****Organizations and Participating Members – Steering Team**

- Amanda the Panda - Mollie Giller, Director
- AMOS Iowa - Paul Turner, Lead Organizer
- Blank Children’s Hospital - Kathy Leggett, Director of the Center for Advocacy and Outreach
- Blank Children’s Hospital - Lana Herteen, Community Child Advocate
- Central Iowa ACEs 360 Steering Committee - Lisa Cushatt, Program Manager
- Child and Family Policy Center - Anne Discher, Communications Director
- Iowa Foster and Adoptive Parents Association - Hiliary Burns, Training Coordinator
- Orchard Place/Child Guidance Center - Gladys Alvarez, Trauma Informed Care Project Coordinator
- Orchard Place/Child Guidance Center - Kristin Rodenberg, Early Childhood Therapist and Assistant Trauma Informed Care Project Coordinator
- Orchard Place/Child Guidance Center - Nicole Beaman, Vice President
- Prevent Child Abuse Iowa - Sarah Welch, Communications Director

**Organizations and Participating Members – Project Committee**

- Amanda the Panda - Mollie Giller, Director
- Blank Children’s Hospital - Kathy Leggett, Director of the Center for Advocacy and Outreach
- Blank Children’s Hospital - Lana Herteen, Community Child Advocate
- Central Iowa ACEs 360 Steering Committee - Lisa Cushatt, Program Manager
- Orchard Place/Child Guidance Center - Gladys Alvarez, Trauma Informed Care Project Coordinator
- Prevent Child Abuse Iowa-Liz Cox, Executive Director
- Prevent Child Abuse Iowa – Sandra Brasell-Jasa, Trauma Informed Prevention and Care Coordinator

Table 1 offers the organizations and their representative staff that participated as members of the original CM Initiative Leadership Team. The team began to meet monthly to begin planning how to approach the initiative goals. At the beginning of the initiative PCA Iowa devoted staffing resources to include:

- Communications Director – 65% FTE
- Program Associate – 15% FTE
- Executive Director – 8%

The Communication Director of PCA Iowa served as the facilitator for the leadership team during the formative process. Initially the external evaluator met with the Communication Director to discuss the evaluation. It was then determined that an evaluability assessment needed to be conducted prior to developing the evaluation plan and conducting the evaluation. Evaluability assessment is a process that can inform decisions on whether a program or initiative is suitable for an evaluation and the type of evaluation that would be most feasible, credible, and useful.

Leadership team meetings were held and facilitated by the communication director and the external evaluator to include an assessment of the logic of a program’s design and the consistency of its implementation; the examination of the availability, quality, and appropriateness of existing measurement and data capacities; the analysis of whether the program/initiative can achieve its goals; and the assessment of appropriate options for either evaluating the program, improving the program design/implementation, or strengthening the measurement.

Currently PCA Iowa devotes the following staffing resources toward the initiative:

- Communications Director – 5%
- Trauma Informed Prevention and Care Coordinator – 35% FTE
- Two AmeriCorps Vista Participants – 100% FTE
- Executive Director – 8%

## PURPOSE OF THIS REPORT

PCA Iowa contracted with the Research Institute for Studies in Education (RISE), Iowa State University in August of 2015 to conduct an evaluation intended to identify whether the Connections Matter initiative has met the intended goals. The purpose of this report is to share the findings of the evaluation intended to measure how well the Connections Matter Initiative met the following:

### Initiative Goals

- 1** To develop and deliver a consistent and compelling public message about the importance of positive relationships in responding to trauma and improve wellbeing that stakeholders can use to encourage caring connections.
- 2** To educate community members about the importance of caring connections to developing healthy brains, supportive relationships and thriving communities.
- 3** To engage community members in building caring connections to promote healthy brains, supportive relationships and thriving communities.

The evaluation results are intended to assist both PCA Iowa and other communities with implementing an effective Connections Matter Initiative. The remainder of the report is organized into the following sections:

**Methodology**, which describes the evaluation questions and what information was collected;

**Analysis and Results**, which examine the CM Initiative process, how ACEs has been disseminated and the preliminary outcomes observed; and

**Conclusions**, which shares the lessons learned through this innovative initiative.

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## METHODOLOGY

### EVALUATION QUESTIONS

#### Goal 1: Develop and Deliver a Consistent Message

1. Has the CM Initiative Leadership Team developed a consistent public message about the importance of positive relationships for responding to trauma and improving well being that stakeholders can use to encourage caring connections?

#### Goal 2 and 3: Educate Community Members/Engage Community Members

2. To what extent has the CM Initiative Leadership Team succeeded with spreading the CM message in Iowa?
3. How did the trained participants share the CM message with others in their communities following the training?
4. What were the essential strategies for an effective CM Initiative training?
5. When serving as a pilot site coordinator what are the essential skills and knowledge needed to work with a specific community (church, non-profit organization etc.)?
6. How effectively were the pilot sites able to share the CM message with their community?

### DATA COLLECTION

#### Evaluators gathered data from the following sources:

**Personal Narratives:** the evaluators reviewed personal narratives provided by each of four members of the Connections Matter Leadership Team to understand their perception of need for the CM Initiative in Iowa.

**Review of Documents and Resources:** the evaluators reviewed documents provided including the CM Initiative Curriculum, Power Points, Website and Booklet.

**Quantitative Indicators:** Marketing and training data including where, when and who attended presenter trainings was collected by PCA Iowa and provided to the evaluators for analysis.

**Surveys from Trained Participants:** Training Participant Evaluation Surveys were distributed at the conclusion of a random selection of trainings to determine their perception of the effectiveness of the training. This data was provided to the evaluators for analysis.

**Interviews with Trained Participants:** Follow-up interviews were conducted with 14 of the presenters to determine their perception of the CM Initiative Training, whether they had shared the information with community members and if so, how they shared the information.

**Additionally, Evaluators collected data for the following Pilot Site Indicators:**

**Pilot Site Timeline** - timeline outlining each step taken during their planning and implementation process

**Pre and Post Surveys with Pilot Site Leadership Team Members** - pre-survey was administered at the beginning of the Pilot Site Leadership Team's first meeting. The post survey was administered at the end of the Pilot Site Leadership Team's last meeting.

**Focus Groups with Pilot Site Leadership Teams** - focus groups were conducted with the two of the three pilot sites to determine the effectiveness of the team training, necessary skills and knowledge of the pilot site coordinator and how well the team was able to share the CM message with their community.

**Interview with a Community Deciding Not to Participate as a CM Pilot Site** - An evaluator interview was conducted with the director and staff member of the Youth Justice Initiative of Iowa, West Des Moines, Iowa to determine why the organization determined they could not commit to being a pilot site.

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## ANALYSIS AND RESULTS

**Goal 1: Develop and deliver a consistent and compelling public message** about the importance of positive relationships in responding to trauma and improving wellbeing that stakeholders can use to encourage caring connections.

**Objective 1:** Develop resources to support the formative and summative Connections Matter Initiative.

**Objective 2:** Develop marketing and outreach campaign efforts.

**Evaluation Questions:**

1. Has the CM Initiative Leadership Team developed a consistent public message about the importance of positive relationships in responding to trauma and improving well being that stakeholders can use to encourage caring connections?

### GOAL 1 OUTCOMES

#### Personal Narratives

PCA Iowa began partnering with other organizations in an effort to broadly spread the Connections Matter message in Iowa. As part of the formative process the CM Initiative Leadership Team asked each member to offer their perspective on what they saw as the need for developing and delivering a consistent and compelling public message. Table 2 offers partner perceptions of why the Connections Matter Initiative was seen as important for Iowa. One major theme emerged around the need for the Connections Matter Initiative. Partners shared they believed it was critical to translate their collective work into a broad and cohesive community based message.

**TABLE 2:**

Partner perceptions of need for Connections Matter initiative and emergent theme.

### PERSONAL NARRATIVES: PARTNER PERCEPTION OF WHY THE CONNECTIONS MATTER INITIATIVE IS NEEDED

*“Much of our efforts focus on the data around trauma, adverse experiences, brain science and resiliency. The trainings and community work we do primarily focus on professionals. We often get requests to provide information in the community, however, our information is not necessarily designed to discuss and provide support on an individual or community level. There was one specific training about two years ago that I had to alter considerably to feel it was appropriate and delivered in a positive way to the community. Translating our work into a broad community-based message is critical.” – Coalition Member*

*“Central Iowa has numerous coalitions and partners working on a “community” message around trauma and ACEs. This variety not only causes confusion to partners, but more pressing, to the community members. We cannot effectively move forward on this work unless we all commit to partnership on an overall cohesive message.” – Coalition Member*

*“I noticed that a common issue that continued to be brought up by members was how to get more people beyond those sitting at the table (human service professionals primarily) to know about The Adverse Childhood Experiences Study (ACEs) and be a part of efforts to respond to the findings. In a way, it was the question of how do we mobilize a larger population to act in response to the findings. The ACE Study research provides a compelling case for why community members should be invested in prevention as a response to trauma. Connections Matter further provides tangible, practical examples for community members that if implemented would go a long way toward building stronger relationships with families that help them create safer, more nurturing environments for their children. Social support is one of five protective factors that have been shown to reduce the risk of child abuse and neglect.” – Coalition Member*

*“It became clear that there were already some common words/phrasings/messages that we were all using; they just hadn’t been honed in on in a public-friendly tagline kind of way. It also became clear that if we all did public awareness separately, there might start to be some confusion by community members about each of these efforts being separate initiatives when they really were one response to the same issues around responding to trauma.” “Connections Matter offers hope for a compassionate future for everyone—not just the clinical population. But where trauma has been experienced, Connections Matter teaches us that healing is possible, and just one relationship away. Moreover, Connections Matter creates a visual awareness through a branded logo that reinforces a message for an attainable vision of an actualized society in which we all can live, work, raise a family, grow old, and thrive together!” – Coalition Member*

*“I believe Connections Matter was needed to unite the many marvelous efforts that were already going on within various groups across central Iowa. It became clear, as many of us worked together on different committees, that we needed a common language so that we could more effectively talk with each other about the impact of adversity (including toxic stress and trauma) on human development. A common language offers us the ability to communicate the message and spirit of Connections Matter to the general public. It became a foundational goal to move the discussion of brain science outside the professional-only arena and make it user-friendly for the average person, regardless of education.” – Coalition Member*

### EMERGENT THEME AND SUB THEMES

**Translating the collective work into a broad and cohesive community-based message is critical.**

- Build the public will to address the Connections Matter message of prevention as a response to trauma
- Avoid confusion around the Connections Matter message with entities working together as partners by developing a common language, curriculum, presentation, logo etc.
- Gear Connections Matter message (to include trainings) to the broader community
- Inform the broader community of how the relationships they establish can help support individuals of all ages experiencing trauma



## **Review of Documents and Resources**

The CM Initiative Leadership Team met for several months beginning in the summer of 2015 to plan and develop products to support the initiative including a training curriculum, a 20-minute and a 50-minute Power Point presentation, a toolkit and a marketing booklet (see Appendix A). Beginning in 2016 the leadership team began accepting proposals from area marketing firms to determine which firm would be appropriate to contract with to develop a Connections Matter Media Campaign Plan. Development of the documents included a review process facilitated by the CM Leadership Team Leader. Each leadership team member reviewed the developed products and asked to provide feedback that would improve the product. In addition, feedback was requested from participants attending trainings around the training process and the products used.

The CM media campaign concentrated on public awareness through focused messaging across multiple media platforms. The campaign highlighted the value of everyday relationships and interactions for building resiliency and supporting those who have experienced trauma. Public Service Announcements (PSA) on radio and television were developed with support of the Des Moines Chapter of the American Advertising Federation. Partnering with Mediacom facilitated the CM television presence. Public service announcements were provided in kind throughout Central Iowa, and in the Waterloo, Sioux City, and Council Bluffs areas. In July 2017, United Way of Central Iowa committed to the campaign by purchasing additional CM PSAs. The print marketing campaign included billboards and bus promotions, with examples of everyday interactions that support relationships. The campaign also engaged the public through multiple social media formats. Materials were posted on a Facebook page, Twitter page, and a CM dedicated website.

In an effort to gather additional feedback that would benefit the continued improvement of the training and marketing of the CM Initiative a meeting was held on June 28th, 2016 with several Des Moines area key community members to gather their impressions and insights on the currently established messaging. The attendees were asked for their perspective of the target audiences, they discussed succinct messaging points that would resonate with different audiences, brainstormed approaches and discussed “trigger tools” for the audiences to ensure usable and actionable ways to actualize the program (see Appendix B). This was a successful meeting and provided the leadership team with helpful information. Ideas were shared for prioritizing key messages for key audiences and trigger tools to help audiences capture the message. As a result of this meeting PCA Iowa initiated action plans to bring the Connections Matter message to specific groups such as health providers, educators and the business sector. The June 2016 leadership meeting resulted in active partnerships with school districts across the state. PCA Iowa worked with educators to update the training materials so they applied in the school settings, and within staff-youth interactions. Social-Emotional Learning concepts, as understood within schools, were incorporated into the CM curriculum. Working collaboratively, leaders modified language and scenarios, as well as activities, to support educators’ understanding of the major Connections Matter concepts. Their work included focusing on action planning to implement strategies and monitor progress on the goal of sharing the CM message.

## **Surveys from Trained Participants**

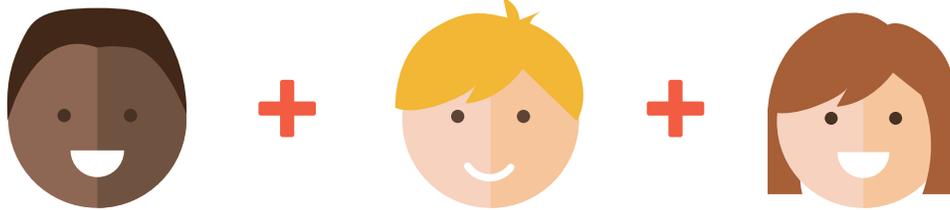
As part of the formative process, during their March 3, 2016 CM Leadership Team Meeting, members reviewed the presenter training survey data acquired to date. This included 77 responses to the evaluation survey administered at the end of the training and 86 responses to the survey administered as a follow-up on participant’s usage of the training content. The majority of participants rated all questions with either strongly agree or agree. However, Table 3 details where the largest percentage of participants either disagreed or were neutral with the questions. The leadership team addressed these five low areas of agreement using a facilitated process. Adjustments were made to both the current marketing and training strategies. One area addressed was how to effectively reach out in different ways to encourage people to participate who do not represent the human services sectors. The CM Leadership Team goal was to encourage representation from legal, faith, and business communities as well as neighborhood associations and individuals representing various ethnic communities. In addition, the data indicated that participants might need additional opportunities to become better acquainted and feel more confident with the Power Points as part of their training. Also noted was the participant’s need for information on how to effectively use the online resources to spread the CM message.

**TABLE 3A:****CM presenter evaluation survey results N=77 in four trainings**

<b>DEMOGRAPHICS</b> <b>Job Sector of Participants</b>	Human Services – 60% Mental Health – 13% Education – 12% Healthcare – 8%	
<b>SURVEY QUESTIONS</b>	<b>Neutral or Disagree Responses</b>	<b>Agree Responses</b>
Q1. I will be changing the way I interact with others at work and/or in my daily life because I attended the CM training.	24%	76%
Q2. I feel confident educating others using the PowerPoint for a presentation to share the Connections Matter message.	20%	80%
Q3. I understand how to use the online resources to further the Connections Matter message.	19%	81%
Q4. The method in which the material was presented was effective for helping me understand the Connections Matter message and how I can use it in my life.	18%	82%
Q5. After attending the Connections Matter training, my knowledge increased about the role that relationships play in building healthy brains.	13%	87%

**TABLE 3B:****Connections Matter Presenter Survey: Usage (N=86)**

<b>PROMPT</b>	<b>% RESPONSES</b>
How have you used Connections Matter Materials?	<ul style="list-style-type: none"> <li>Casual conversation within your professional network (co-workers, colleagues, etc.) – 74%</li> <li>Casual conversation within your personal network (friends, family, neighbors, faith community, etc.) – 62%</li> </ul>
How have you used the CM Website?	<ul style="list-style-type: none"> <li>I have not yet visited the website – 40%</li> <li>Casual conversation within your personal network (friends, family neighbors, faith community etc.) – 30%</li> </ul>
I have used social media to promote the CM message in the following ways: (Facebook, Twitter, You Tube, or Snapchat)	<ul style="list-style-type: none"> <li>I have not yet used the CM message in the following ways – 53%</li> <li>Facebook – 30%</li> <li>I do not use social media – 17%</li> </ul>



### Surveys from Trained Participants (Cont.)

Early in the formative process Goals 1 and 2 were identified by the CM Leadership Team, materials were developed, and at large trainings were offered in the greater Des Moines area and in several additional regions of the state. Survey instruments were developed, and data collected to inform the effectiveness of the trainings as well as to determine how participants were using the CM message to educate additional community members.

After collecting and reviewing the training participant data shared above, the CM Leadership Team determined the need for a third goal. While the initiative's efforts, to date, were spreading the message broadly across community members, there was no effort being made to effectively engage a specific community around how to use the Connections Matter information to meet a specific community need. After determining this members of the CM Leadership Team developed the following Goal 3:

**To engage community members in building caring connections to promote healthy brains, supportive relationships and thriving communities.**

The team developed the protocol and expectations for a community pilot site's participation. Team members brainstormed possible communities in the Des Moines area at large that would be receptive, able to determine a specific community need that could be addressed with the CM message and able to commit to the pilot site expectations. Five identified sites were then approached by assigned CM Leadership Team Members to discuss their interest in participating as a Connections Matter Community Pilot Site. Three sites determined that they were interested and ready to participate: Our Lady of the Americas Parish, Ethnic Minorities of Burma Advocacy and Resource Center (EMBARC) Iowa and the Boys and Girls Club. The section below titled Pilot Sites reviews each of the site's processes and outcomes.

It has been determined that the CM Initiative Leadership Team has developed a consistent public message about the importance of positive relationships for responding to trauma and improving wellbeing that stakeholders can use to encourage caring connections. The leadership team members, representing several organizations, came together to develop a consistent message. This process took several months of facilitated and sometimes difficult conversations to agree on what needed to be made available as resources to support spreading the CM message and what the team saw as the necessary outcomes of the initiative. Once members agreed on the vision, message and desired outcomes they began the work of developing the training curriculum and piloted it at training sessions.

The process of developing the curriculum did include input from the stakeholders. The team sought out participant's perceptions for how to improve the 20-minute and 50-minute curriculum as well as the facilitation process used during the training. Additional supporting products were reviewed, and suggested changes were addressed by the CM Leadership Team to include the CM Toolkit, the CM Booklet and the protocol and expectations for individual communities to participate as a CM Pilot Site. The products were developed to be user friendly and were professionally prepared (please see Appendix A). The Connections Matter curriculum was translated into Arabic and Spanish. For one pilot site, the text in the presentation was replaced with pictures provided from the site that were representative of that community's culture. A marketing plan was also developed for using media to spread the message through public service announcements and by using various resources such as the CM website and Facebook.

## GOAL 2 AND 3 OUTCOMES

**Goal 2 and 3: Educate and Engage community members** about the importance of caring connections to develop healthy brains, supportive relationships and thriving communities and building caring connections to promote healthy brains, supportive relationships and thriving communities.

**Objective 1:** Individuals take positive action to spread the CM message as a result of attending the CM training.

**Objective 2:** Educate the pilot site communities on the CM message.

**Objective 3:** Pilot Site Communities increase capacity and develop a plan to build caring connections.

### Evaluation Questions

1. To what extent has the CM Initiative Leadership Team succeeded with spreading the CM message in Iowa?
2. How did the trained participants share the CM message with others in their communities following the training?
3. What were the essential strategies for an effective CM Initiative training?
4. When serving as a pilot site coordinator what are the essential skills and knowledge needed to work with a specific community (church, non-profit organization etc.)?
5. How effectively were the pilot sites able to share the CM message with their community?

### Quantitative Indicators

Tables 4 and 5 offer the results of several indicators for measuring the ways in which the CM Initiative has reached out to educate Iowa's citizens with the Connections Matter message from 2016 through 2017. The CM Leadership Team held train the trainer workshops resulting in 600 presenters trained. To date the data collected indicates that 26 of those trained as presenters followed through and held 20-minute and/or 50-minute training workshops with individuals in their communities. These presenters were able to reach approximately 1000 community members. The data is limited due to the data not being collected from all presenters.

Presenters shared through follow-up interviews and surveys that they were interested in further learning and networking. Adult learning best practice indicates that facilitators benefit from follow-up to reflect and refine their practice. PCA Iowa is investing in building the capacity of the trained individuals and will provide supports such as Google meetings that provide opportunities to share what is working and not working for them as presenters. They also plan to identify a list of minimum qualifications for their presenters.

CM Training participant feedback was reviewed and appropriate changes were made to marketing strategies and to the training. Participants had previously expressed their concerns about how to use the presentation Power Points effectively and had asked for ways to be able to touch base with one another to discuss what worked well or maybe did not work very well. These changes included bringing presenters together to discuss how they have been able to successfully use their training to share the CM message with other people in their communities. This session was very successful and participants indicated they appreciated the opportunity to share with one another.

**TABLE 4:**

### Connections Matter PSA Value Summary

Medium	Total Spots or Ads Received	Total Value Received	Estimated # of People Accessing
TV/Cable .....	6,291 .....	\$125,275.00 .....	1,999,607
Radio .....	1,229 .....	\$22,470.00 .....	163,423
Newspaper .....	10 .....	\$8,846.70 .....	75,882
Outdoor: Des Moines digital 10 .....	.....	\$7,000.00 .....	244,122
Adsposure: bus tail ads .. 4 (paid) .....	.....	.....	641,600
<b>Total .....</b>	<b>7,540 .....</b>	<b>\$163,591.70 .....</b>	<b>3,124,634</b>

**TABLE 5:****Goal 2: Quantitative performance measure results**

<b>PERFORMANCE MEASURES FOR GOAL 2: (10/2015 THROUGH 7/2017)</b>	<b>CONNECTIONS MATTER REACH</b>
# of Presenters Trained on the Core Curriculum .....	400
# of Key Stakeholders Trained on the Core Curriculum .....	1,005
# of People Reached through the Social Media Campaign .....	Facebook Visits – 21,303 Website Visits – 6,085
# of Online Booklet Views .....	15,136
# of Hardcopy Booklets Distributed .....	2,000
# of Presenters Requesting Access to Awareness Toolkits Including Licensing Agreement...	159
# of National Professional Presentations and Information Disseminations .....	1 - 2016 National Prevent Child Abuse Iowa Conference
# of Statewide Professional Presentations.....	1 - 2016 Psychological Trauma & Juvenile Justice Conference 2 - Trauma Prevention and Care Leaders Conference
“Day on the Hill” Event .....	15-17 Organizations represented (Iowa Governor’s proclamation of support of meaningful connections). See below.

PCA Iowa: CM partnered with newspapers, billboard companies, radio and television stations across the state throughout 2016-2017. Cedar Falls, Des Moines, and Cedar Rapids television and cable stations ran spots that reached nearly 500,000 people. Radio stations ran public service announcements valued at over \$22,000. Additionally, newspapers in central Iowa ran Connections Matter ads valued at over \$8,000. For example, the Fort Dodge *Messenger* ran three ads in April, reaching over 40,000 people. Newspapers in Denison, in the western region of Iowa and Clinton, in the eastern region also ran ads during the spring of 2017. In 2016, the US Census Bureau reported Iowa’s population as 3,134,693. The marketing campaign reached an estimated three million people. These numbers indicate the marketing campaign met the goal of spreading the CM message across the state of Iowa.

**ADVOCACY WORK/EDUCATION****1. Child Abuse Prevention Month**

Each year Prevent Child Abuse Iowa supports National Child Abuse Prevention Month with a statewide awareness campaign. Information is disseminated through the 76 local Child Abuse Prevention Councils and many other organizations working to eliminate neglect and abuse. The campaign includes the development of messaging materials, media alert templates, and sample proclamations. In 2017, PCA Iowa adopted the Connections Matter® campaign as the core message for Child Abuse Prevention Month. To support the dissemination of materials, PCA Iowa hosted a webinar with network partners to discuss the media toolkit and activities related to Child Abuse Prevention Month including the scheduled April 3rd kickoff of the campaign at the Iowa Capitol Building.

**2. Day on the Hill**

Prevent Child Abuse Iowa support advocacy efforts related to child abuse prevention. On April 3, 2017, PCA Iowa hosted an expo-style Day on the Hill at the Iowa capitol featuring a number of network partners, child abuse prevention council leaders, and national advocates for the protection of children. The theme of the legislative event was Connections Matter for Strong and Healthy Families. State legislators, advocates, and leaders of many state departments were invited to attend.

Iowa's longest serving governor, Terry Branstad, signed a proclamation declaring April Child Abuse Prevention Month in Iowa. The Day on the Hill event featured a media event with remarks from Iowa Lt Governor Kim Reynolds, Director of Iowa Department of Public Health Gerd Clabaugh, and Director of Iowa Department of Human Rights San Wong. This event was covered by the local media including broadcasts on WHO TV 13 and Iowa Public Radio.

### 3. State-wide Trauma Prevention and Care Leaders

Dr. Resyime Oral secured a grant from the Child Protection Council to develop and execute a state-wide convening of trauma-informed prevention and care community leaders from across the state. This workshop was attended by more than 100 people who gathered to learn, collaborate, and strengthen the work happening in their local community. Project Committee Members Lana Herteen presented 2 breakout sessions on Connections Matter. Gladys Noll Alvarez also presented to this group about Trauma Informed Care. PCA Iowa Executive Director, Liz Cox, and PCA Iowa Trauma Informed Care Coordinator, Sandra Brasell-Jasa each had an opportunity to present to the large-group; Liz also facilitated one of the workshop sessions.

**“We each have a role to play in this dynamic and impactful work. The role of Prevent Child Abuse Iowa is to be the backbone agency that can provide ongoing support and cross-sector dissemination to improve outcomes for everyone. Our leadership can minimize duplication of work, provide opportunities for shared learnings, and facilitate the creation of a state-wide strategic framework for trauma informed prevention and care.” – Liz Cox**

### 4. Psychological Trauma & Juvenile Justice Conference

Lana Herteen, MA LMHC, Child Advocate at Blank Children's Hospital, presented on the Connections Matter program during the June 6-8, 2016 conference.

## TRAUMA INFORMED PREVENTION AND CARE COORDINATOR



**SAMSHA recommends 4 key points to cross-sector collaboration that should be considered for trauma informed approaches:**

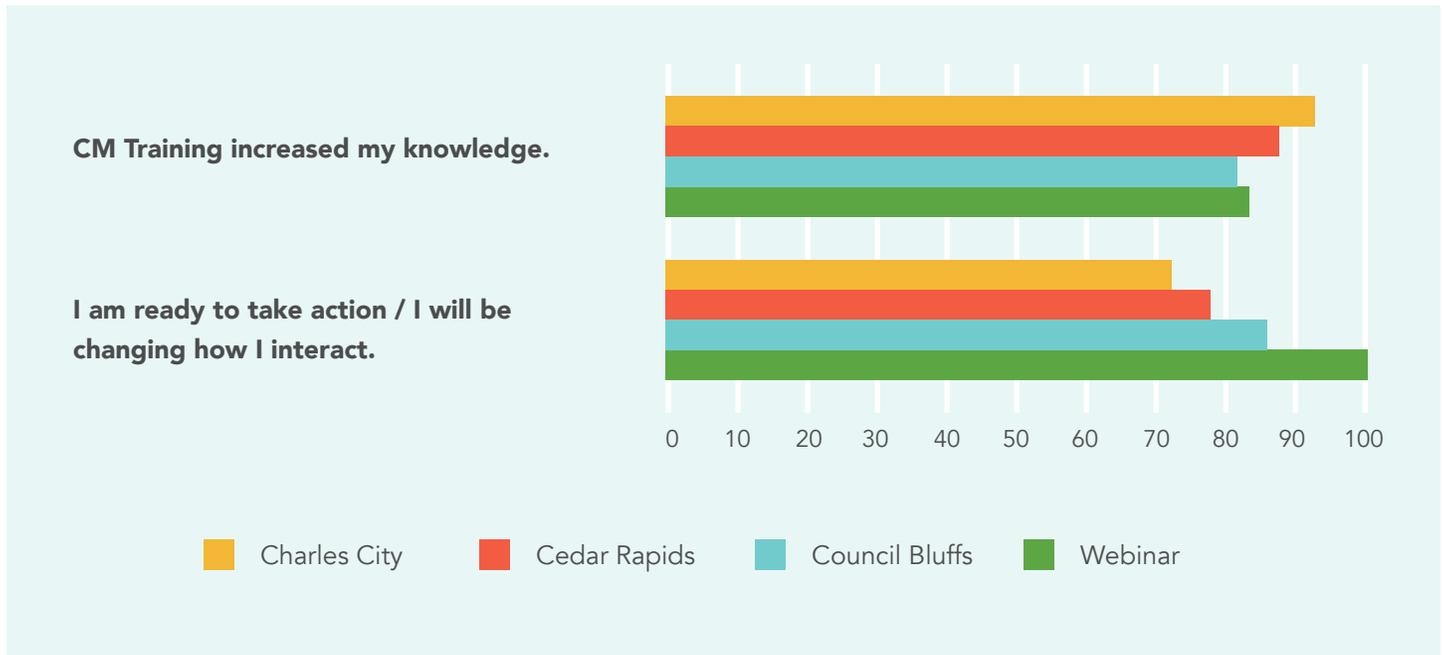
- **There should be a system of communication in place with other partner agencies working with the individual receiving services for making trauma-informed decisions**
- **Collaborative partners should be trauma-informed**
- **Organizations need to identify community providers and referral agencies that have experience delivering evidence-based trauma services**
- **There should be mechanisms in place to promote cross-sector training on trauma and trauma-informed approaches**

## SURVEYS FROM TRAINED PARTICIPANTS

During 2016, Connections Matter Trainings were presented to over 100 people, who completed a post training evaluation. These participants primarily represented Human Service, Education, and Mental Health organizations. Post-training surveys were completed to determine the effectiveness of the training and highlight any concerns the participants had, that could guide the Leadership Team’s work in adapting and improving the materials and presentations (See Figures 1 and 2).

**FIGURE 1**

**% of trained participants responding with agree or strongly agree**



Participants offered positive feedback and described the ways they planned to use the information professionally and personally:

**“I teach a Youth Mental Health Class that focuses on relationships, and I have added information about brain development, and strategies to use in the classroom.”**

**“It makes you stop and think about how your interaction with anyone, whether it is a short one or long one, makes a difference. I have been trying to be aware of my interactions with others in my personal and professional life.”**

**“Information would be interesting and valuable to many sectors in the community, not just social service providers.”**

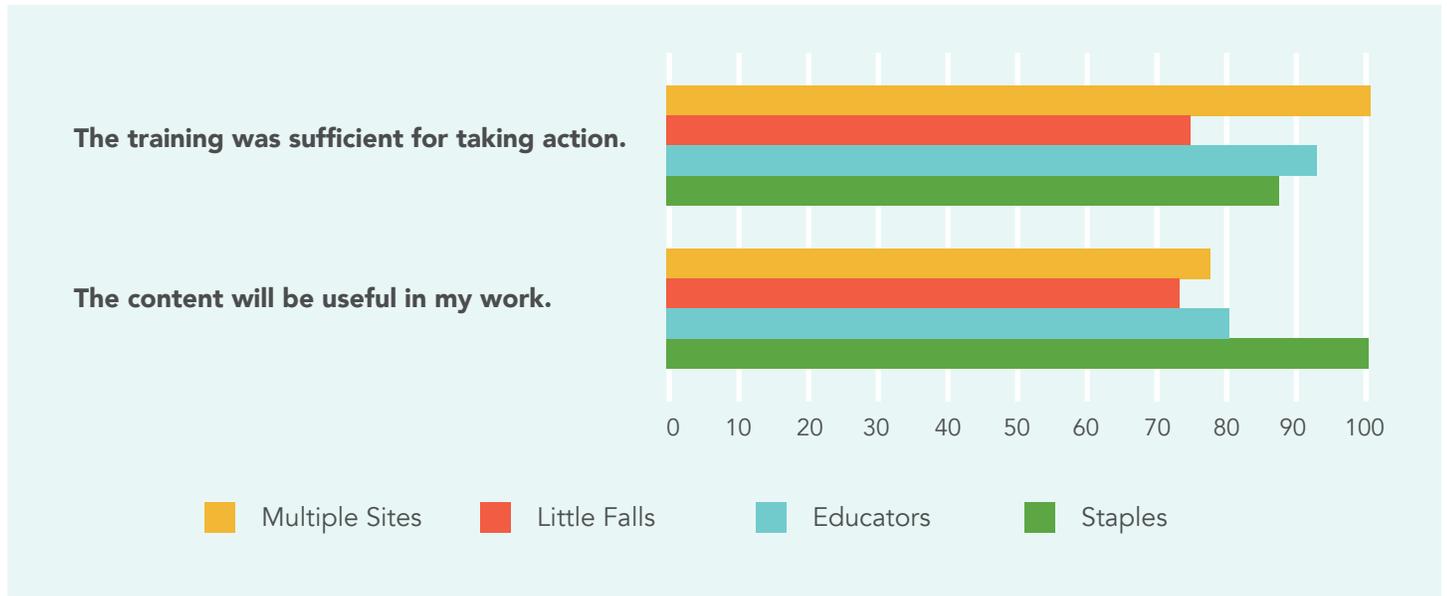
**“I would like to show this to our staff. It is important for staff to realize how the connections they have with students, community members, and coalition groups really do have an impact.”**

**“I have already applied thoughts that came to me during the presentation to my personal relationships.”**

During 2017, approximately 80 people responded to evaluation surveys after receiving the CM Training. As in 2016 these trainings primarily represented Human Services, Health Care, and Education fields.

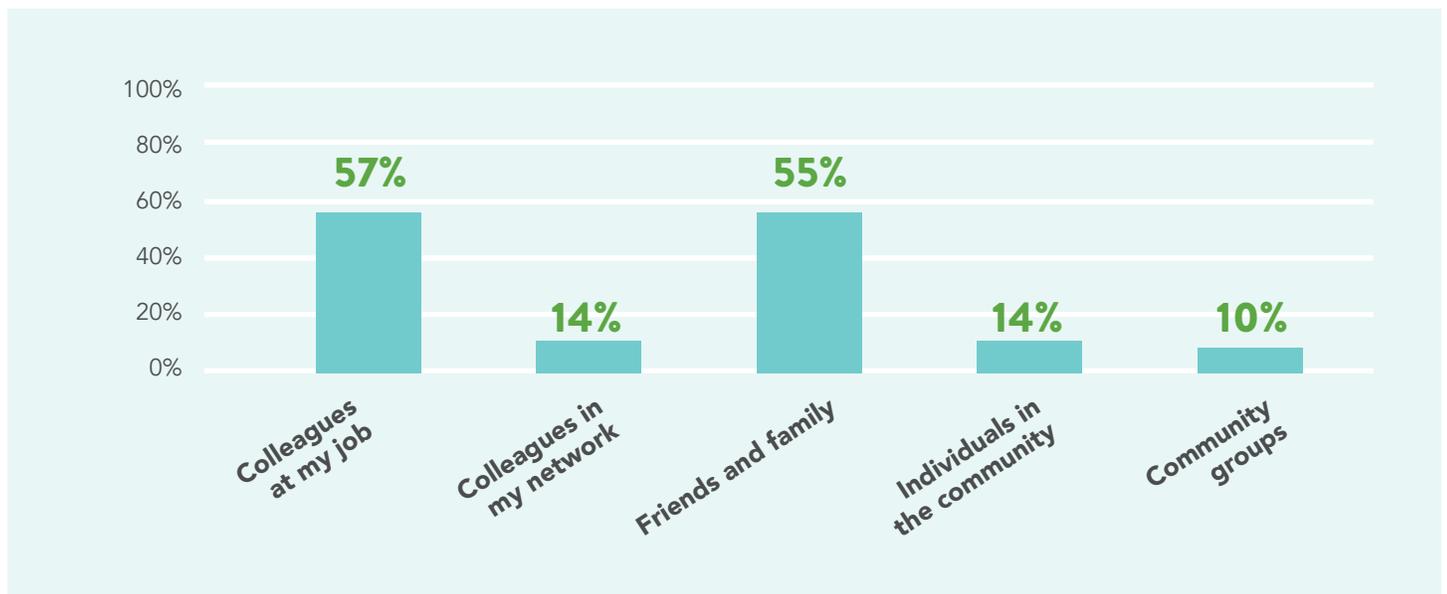
## FIGURE 2

% of trained participants responding with moderately or very much



## FIGURE 3

Percentage of People Trained Who Have Shared CM Information with...



Feedback regarding what they gained from the training and how they planned to use the information:

- Utilize the information professionally: with staff, adapting current practices, extending practices to include new interaction patterns and new people
- Utilize the information personally: being aware of the effects of trauma, recognizing and supporting resiliency, supporting others
- Address the need to work as a community: engaging stakeholders, leadership groups, families
- Use strategies for how to share the information effectively and interactively

Participant comments included:

**“The importance of knowing the information, and taking the next step of action to put it in motion.”**

**“Be more mindful of building community in the school setting as well as improving my communication with the parents of the youth I work with.”**

**“Ask a student ‘What happened?’ instead of ‘Why did you do that?’ Change the discussion with students from ‘What’s wrong?’ to ‘What happened to you?’”**



**“RESILIENCE IS LEARNED. EVERYONE CAN DO SOMETHING. WE MUST TAKE A MULTI-GENERATIONAL APPROACH.”**

### **INTERVIEWS WITH TRAINED PARTICIPANTS:**

Program evaluators conducted interviews with a random selection of participants trained during 2016. Fourteen people responded to questions related to what they gained from the training, and how they planned to use the Connections Matter information. Participants included professionals within the Education, Human Services, Mental Health, Judicial System, and Health Care. People within the faith community, arts community, labor organizations, and community organizations were also interviewed.

Positive feedback included:

**“This is basic decency - it’s not rocket science! It reminds us to give ourselves credit for what we are doing every day. After the training, I am more aware of making positive connections, and doing things with interactions that I wouldn’t have thought of before.”**

**“This has a huge impact on how I look at clients. This has great potential for impact with public defenders and probation officers.”**

Participants in the training described how they have used the information in their personal lives:

- Interacted with family, clients, colleagues, friends, and neighbors.
- Noticed what was already happening that was positive and built community
- Shared information on social media
- Used the skills and knowledge as they processed a recent loss

Participants in the training described how they have used the information in their professional lives:

- Facilitated formal presentations, or integrated information into other presentations
- Held a Health and Wellness Fair for people with disabilities
- Embedded new knowledge in their overall approach to work
- Shared information in their professional groups and networks
- Shared around specific topics including trauma and resilience, brain development and parenting

Participants discussed barriers to sharing the information; time limitations and requests for collaboration with fellow trained presenters were identified. Most presenters described the materials as helpful, and the website as accessible. When asked to consider next steps, responses were positive and action-oriented. Several presenters discussed the desire to gain more information or return for more training. They also suggested the materials could be adapted to be more focused on their specific community or group needs. Presenters discussed extending their organization’s network so the message could be shared with other groups.

## PILOT SITE INDICATORS

Figures 4 and 5 show the overall results of the Post-Pilot Site Leadership Team Member Survey. The data indicated a high probability that the CM message will extend beyond the pilot site leadership team members. Also indicated was that a majority (86%) of pilot site members believed the training had prepared them very well or extremely well to share the information in their community.

## PILOT SITE 1: BOYS & GIRLS CLUB OF CENTRAL IOWA

The Ellis I. Levitt Club at Carver Community School, on the east side of Des Moines, serves 200 youth, from grade kindergarten through fifth grade, daily. The National Boys and Girls Club mission is to inspire and enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens. Their work is intended to support all members' graduation from high school and the creation of a plan for their future. Additionally, clubs work with all members to develop positive character and citizenship, and build healthy lifestyles.

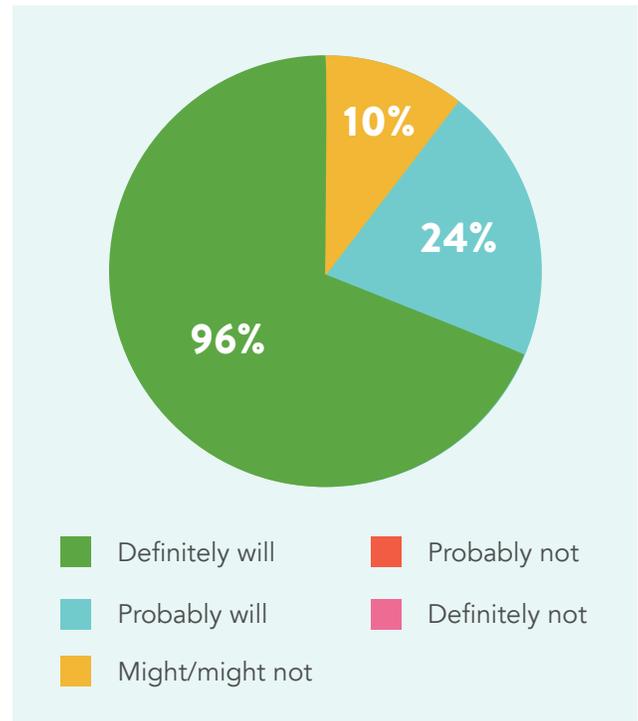
### Cultural Competence

PCA Iowa worked with Boys and Girls Club to make the training relevant, engaging, and effective in sharing the Connections Matter message with their population. Leadership team members reworked and repeated the training during this process. The Ellis E. Levitt Boys and Girls Club serves a diverse group of students; staff is expected to use culturally competent practices with their members. Some staff have education backgrounds, and educators were used to present the Connections Matter information for the second training. Guidance for reflection and use of the practice was given, which supported staff who were not trained in education theory.

Regarding the culture of Boys and Girls club, members of the focus group described needs for their unique site, and a desire for more site-specific information. Staff background is variable, with some educators and some youth as staff. Professional staff discussed the need for more "frontloading" and collaboration prior to training, so goals would be shared. The content of the Connections Matter curriculum aligns with their organization's philosophy and practice. However, those in the focus group described wanting more thorough coverage of the concepts and information within the curriculum. Also, one member shared that if examples of staff-student interactions could have been collected from staff and used in the training, people would have been more engaged in the training.

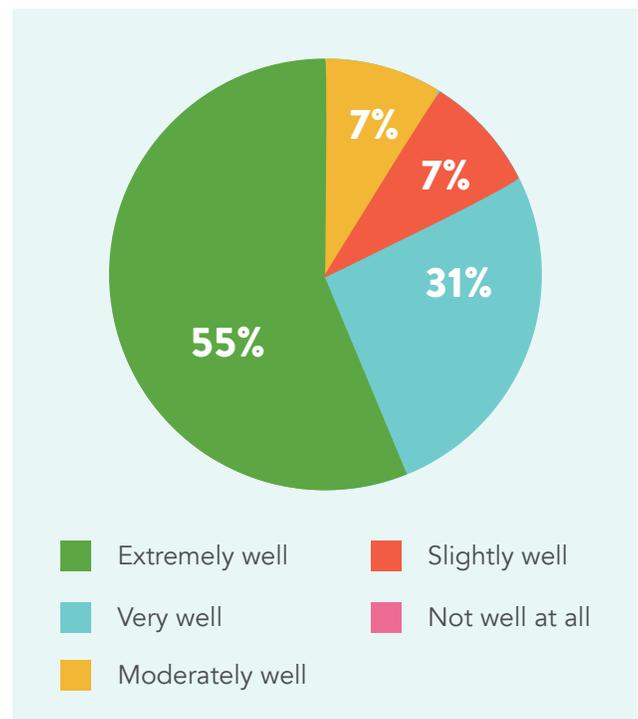
**FIGURE 4**

**Following CM Training, I will reach out to someone in the community**



**FIGURE 5**

**CM Training Prepared Me to Share the Information**



**TABLE 6:****Timeline of the Boys and Girls Pilot Site Process**

<b>MONTH</b>	<b>ACTIVE PEOPLE AND ROLES/TITLES</b>	<b>ACTIVITIES</b>	<b>OUTCOMES</b>
0-5	CM Leadership Team 2 Boys & Girls Staff	Collaborating to identify purpose and partnership. Goal to train current staff	Partnership Formed. Agreement from B&G club to be a pilot site
6-8	2 Boys & Girls Staff PCA Iowa Director	<p>Training of staff completed by B &amp; G Club Professionals: administrative personnel and youth workers participated</p> <p>CM Leadership received feedback that participants described the training as insufficient. They described a need for further knowledge and strategies in order to share the CM message effectively and embed in their work</p> <p>CM Leadership worked to identify alternate facilitators from outside the organization. They identified 2 facilitators who were familiar with CM content and able to lead action planning</p> <p>New facilitators re-worked the presentation of information, the activities, and created plans for coaching staff as they practiced sharing the CM message</p>	<p>Training for about 15 staff at Boys &amp; Girls Club</p> <p>Adapted materials with more focused strategies and guided action planning steps was developed</p>
9-11	CM Facilitators	<p>Second training of current B &amp; G Staff completed with director and program specialists</p> <p>Ongoing coaching for approximately 2 weeks occurred regarding sharing the message and using the strategies.</p> <p>Post-survey administered.</p> <p>Evaluators met with the re-training facilitator to clarify the process of adapting the original plan/curriculum and outcomes.</p>	<p>B &amp; G Staff were guided with concrete action steps, self-monitoring and reflection through journals</p> <p>74% of participants rated themselves as very or extremely prepared to implement their action plan</p> <p>Description of adaptations to training material and process and of gained staff skills and knowledge</p>
12-14	B&G Staff Evaluators	Focus Group conducted	Indicators of what worked well with the second training, and what could improve training in the future

## PRE AND POST SURVEYS WITH PILOT SITE LEADERSHIP TEAM MEMBERS

### Participants:

Employees at Boys and Girls Clubs participated in the training as professional development. Fifteen people completed the survey after the training. All participants had been part of the Boys and Girls Clubs community for 6 or fewer years. Prior to the training, they rated their perception of how well the community currently promotes social connectedness; 93% of the participants rated moderately or very well.

### Results:

**TABLE 7:**

**The Boys and Girls Club Pre and post survey results with pilot site leadership team members**

1. Likelihood that I will reach out to someone in the community?

**Gained 23% in probably or definitely will reach out.**

	PRE	POST
Definitely will not.....	0	0
Probably will not.....	1	0
Might or might not.....	5	3
Probably will .....	6	7
Definitely will .....	2	5

2. How well did Connections Matter program prepare you with knowledge and skills to share the information?

**74% of participants feel very or extremely prepared to develop an action plan and implement the plan to share the information.**

	#	%
Not well at all .....	0	0
Slightly well .....	2	13
Moderately well .....	2	13
Very well .....	7	47
Extremely well .....	4	27

3. Who have you shared the information with? (Mark all that apply)

**Nearly 90% of participants have shared the information with at least 1 other person.**

**66% of participants have shared information at work/within work networks**

	#	%	% OF RESPONDERS
Colleagues at my job .....	9	47	60
Colleagues within my professional network.....	4	21	26
Friends and Family .....	2	10	13
Individual members of the community.....	1	5	6
None .....	2	10	13

4. What Connections Matter content have you shared? (Mark all that apply)

**Nearly half of the participants have shared the connection between positive relationships and a strong community. Additionally, the connection between positive relationships and healthy brains, and supporting people who have experienced trauma was shared by 40% of the participants.**

	#	%	% OF RESPONDERS
The role that positive relationships play in building healthy brains .....	6	22	40
Brain development is essential to healthy community development.....	4	15	27

**Table 7 Continued**

	#	%	% OF RESPONDERS
The role that positive relationships play in supporting people who have experienced trauma.....	6	22	40
The role that positive relationships play in building strong communities. ....	7	26	47
None.....	4	15	27

5. How have you shared Connections Matter information? (Mark all that apply)

**Nearly 75% of participants had shared the information. Nearly 80% of all participants had shared information through individual conversation or small group discussion.**

	#	%	% OF RESPONDERS
Individual conversation.....	5	29	33
Small group discussion .....	7	33	47
Collaborating with a colleague .....	3	14	20
Presented a training .....	2	10	13
Webinar .....	1	5	6
None .....	4	14	27

## INTERVIEW WITH TRAINING FACILITATOR

### Background:

Employees at Boys and Girls Clubs participated in the training as professional development. Fifteen people completed the survey after the training. All participants had been part of the Boys and Girls Clubs community for 6 or fewer years. Prior to the training, they rated their perception of how well the community currently promotes social connectedness; 93% of the participants rated moderately or very well.

The Connections Matter (CM) training was first offered to the Boys and Girls Clubs of Central Iowa Staff in the spring of 2017. Feedback from CM Leadership Team indicated that participants in the training were not able to identify ways they would apply the content when working with youth. The initial training did not result in an action plan for sharing the CM message within Boys and Girls Club. The Enrichment Coach for the Boys and Girls Clubs of Central Iowa and an Education Consultant, were identified by PCAI as the trainers that would identify staff needs and retrain the Boys and Girls Clubs of Central Iowa Staff. The Director of Academic Success & Program Development, Boys and Girls Clubs of Central Iowa met with evaluators from RISE on October 6, 2017. After the completion of the second training the evaluators gathered information regarding the evaluation of process and outcomes of the Connections Matter training for the Boys and Girls Clubs of Central Iowa Pilot Site. The interview data was organized as it related to the unique characteristics of the organization, the adaptations/development of training and the training process, and the outcomes of the training.

### Unique Characteristics of Pilot Site:

The Boys and Girls Clubs of Central Iowa strive to provide the staff working directly with youth professional development that supports positive relationships. Staff who would be participating in the Connections Matter training included young mothers, young adults “testing” this role as they form their identity, and college students; frequent staff changes are a reality in this organization. As part of their Connections Matter Training the staff participated in conversations about ACES and identified their own adverse childhood experiences. Staff members shared life histories that supported using the Connections Matter curriculum in a developmental way. Staff members had a need for a deeper understanding of child development in general; they “don’t know what they don’t know”, according to the facilitator.

Organizational structures also affected implementation. During this time period from the first training through the second training changes in leadership occurred and resulted in a rethinking of the focus and goals of the CM training at the Boys and Girls Club of Central Iowa. The organizational structures allowed for freedom in decision making, determining roles and responsibilities, and choosing objectives for professional development.

### **Adaptations/Development of Training Materials and Training Process:**

PCA Iowa provided a trainer who utilized the 14523 planning process with the leadership to determine staff training needs:

- 1:** Identify goal statement/Priority
- 4:** Set specific outcomes/Success criteria
- 5:** Develop a plan for gathering Data/Assessment Techniques
- 2:** Develop Action steps: Implementation Design
- 3:** Determine needed supports

This process worked well and provided a strategy for determining what the Boys and Girls Club of Central Iowa wanted this pilot project to accomplish. This informed the adaptations made to the training.

The trainer described the Connections Matter training materials as user friendly and effectively organized for use during the training. In addition, to the CM training materials, the trainers utilized the Learning Quadrant (2001) to inform the training process (see Appendix D).

After the initial training and review of feedback within the leadership team, the goals of the training became:

- increasing staff's understanding of the concepts of CM
- ensuring staff gained new strategies for establishing positive relationships with youth
- and creating a positive, supportive environment for youth

Each of these identified needs were considered when determining how to provide an effective CM training. Practical application of these strategies, staff reflection and journaling of their practice was built into the training and reflected best practice for adult professional development. Identified staff needs required the trainers to take the staff through each of the four learner phases of the quadrant, including the: Instructional phase, Supervised-practice phase, Mastery phase, and the Experimental phase.

The training included opportunity for the staff members to learn how to differentiate the needs of the participating youth versus the needs of self. This exercise then led to conversation around how to develop positive relationships between staff and the youth. As part of the action plan for staff relationship building strategies were provided. These included strategies such as: know the youth's name and use it, smile, and make eye contact. The expectation was that staff members would practice these strategies, reflect and journal about their practice. Staff members were provided with a coded incident report form to help with the recording of interactions with youth. The on-site leader was then available to provide follow-up coaching to staff members for a short time. Unfortunately, the on-site leader accepted employment with a different agency and was only able to offer follow-up coaching for approximately two weeks. The participant's journals were not made available to the evaluators.



## Outcomes of the Training:

The facilitator for the second training created an action plan of specific strategies and scripts for the Boys and Girls Clubs of Central Iowa staff to practice with youth, to support positive relationships and spread the CM message. Staff used these journals by writing about interactions with students, and their reflections regarding their own practice and “coaching” from the CM trainer. The trainers read the journals and followed-up with staff. In the follow-up evaluation conversation, the facilitator noted skill and knowledge gains for the staff and the youth of the Boys and Girls Clubs of Central Iowa. Staff reported that their interactions with youth had improved and suggested that they were using new language and behaviors that motivated youth to respond positively. They described improved behaviors and responses from the youth. Due to a high rate of staff turnover and the lack of resources to provide ongoing professional development to staff members, this club sees challenges in sustaining the knowledge and skills staff acquired as a result of the Connections Matter Pilot Site Training. Members of the focus group are open to continued partnerships around Connections Matter.

## FOCUS GROUP WITH PILOT SITE LEADERSHIP TEAM

### Participants:

Three members of the Boys and Girls staff, the director and two program specialists, met with an evaluator and participated in a focus group on December 21, 2017. Each of them participated in the initial training with Connections Matter, in the winter of 2017, and the final training in May of 2017. The Ellis E. Levitt Boys and Girls Club site serves approximately 200 students per day. Their group includes 50% Latino and Latina, 35% African-American, and 15% White and Asian children in grades kindergarten through fifth grade. The director has used the grant goals to guide increased connections within the community at large. Multiple agencies send people to Ellis E. Levitt weekly, including Planet Fitness. Additional wellness and social emotional supportive relationships have been built with Food Corps, the Botanical Garden, Boys Scouts, Girl Scouts, and Des Moines police officers.

### Results:

The Connections Matter training was described as most helpful with increasing their intentionality when building relationships and raising their awareness of their interactions with children. One program specialist suggested he had improved relationships with children because of his consistent check-ins with the child’s teacher and that the check-ins have allowed him to prepare for the child’s successful participation in the afterschool program. Additionally, the team described how they identified the preferred adult for each child, so that the relationship was consistent and supportive.

**“It helped to be intentional. It highlighted what we were already doing well, showing us different strategies we can use with kids, whoever we’re talking to. You can’t talk to all kids the same way...learning a couple different strategies to deal with that was good.”**

When a child expressed his feelings, the staff had more background information to empathize and support him.

**“When he’s upset...we have a space where they can go to think about things. He was in there. I met him in there and we talked about what he was anxious about. Now I know when to leave him alone, I know when to check on him. I know, just based off his responses, where he is and what level he’s at. He can even tell you now. It’s gotten a whole lot better since we allowed him that time, you know, to play with his Legos, and just think about it and calm down. He comes and tells me when he needs a break. He’s able to verbalize some of the things he’s thinking.”**

The focus group discussed challenges they faced as part of the training process, and in forwarding the Connections Matter message. Related to training, they described a vast array of trainings they receive; but that the information was less relevant when it was not site-specific. The focus group members expressed the need for more awareness of Ellis E. Levitt students, and their organizational makeup. They expressed confusion over the goals of the initial training. The participants did not see the curriculum. Rather, the trainers encouraged them to continue to use practices they were

already implementing during weekly meeting, and the team was encouraged to keep up their good work. Because the trainings occurred as part of their regular weekly staff meetings the training was perceived as less important. The initial training left staff with questions as to what they were supposed to gain from the training, or implement in their work.

Connections Matter leadership monitored Boys and Girls Club after the initial training, and identified the need for re-teaching of concepts and concrete actions that would encourage the use of the CM practices. New trainers were identified, and they re-worked the curriculum using an education framework. A second training occurred in May, of 2017. The people trained were expected to complete ongoing reflections so evaluators could see the connections between the training and the staff's day-to-day use of the practices. Staff would receive feedback from the trainers, similar to a coaching model of training. Those in the focus group described the reflections as a mandate, not something they helped create as an action plan. The follow up with the reflections was not consistent. Participants in the focus group were not the staff members who were responsible for sharing reflections in their journal rather they were supervisory staff of the staff who work on a daily basis with students. These three participants reviewed the staff reflections and identified several as being well thought out. Participants shared that the reflections and gave evidence of the use of CM practices and improvement in relationships. Currently, the director uses weekly logs, and identified that the practice initiated with Connections Matter training has helped staff complete the logs.

**“That tool provides self-evaluation, being specific about describing what we’re doing on a daily basis helps keep us on track.”**

Ellis E. Levitt works to partner with the school administration and teachers, and the families of their members. Structures and varying staff within the organization can become barriers to the ongoing implementation of Connections Matter message. When asked what Connections Matter support might help them further the work, the director suggested that the information be presented to the school and the club together, as one building. Some of the current community partnerships have been built that way, so the work is shared. Boys and Girls Club staff have been intentional about building the bridge between school and club, and have seen success with this goal. It was also suggested that employing staff who remain with the club over several years, makes a difference with building relationships between students and families. Hiring staff that remained with the organization remains a consistent problem.

Building relationships with families also has limitations, due to workload, cultural differences, and resources. Planning structured family nights, which may be educational or activity-driven, is time consuming and requires staff capacity. With a high number of Spanish speaking families, language translation is an essential need. Club staff participated in the school PTA meetings to build relationships, but there have been leadership changes there, and meetings are not currently scheduled. Communicating with families occurs at parent pick-up as well. The focus group participants described their interactions as positive, and when they discuss concepts or strategies that align with Connections Matter, parents are receptive about 80% of the time.

This team stated they were open to ongoing collaboration and training related to Connections Matter, if the goals are clearly defined and the information is directly connected to the make-up of the Ellis E. Levitt site. They shared support with implementing the coaching and follow-up with staff would be valuable so all staff understand the concepts and practices that help children and families.

**“Tailoring it to fit our culture here.”**

**“Making it more relevant to our specific site, instead of this is what should work. Focusing on our specifics. Maybe have us give examples, and say these would be some good tools to help with that situation.”**

**“I think it is a good program, I think people do not understand the heart behind it, maybe, or the details.”**

## PILOT SITE 2: EMBARC

Ethnic Minorities of Burma Advocacy and Resource Center (EMBARC) is a grass-roots nonprofit organization founded by and for refugees from Burma living in Iowa. Since 2011, EMBARC and their volunteers have been providing refugees the resources they need to successfully settle in their new home. Their mission is to help refugees expand their world of possibilities through advocacy education and community development. Advocacy focuses on health care, housing and transportation for our community members.

EMBARC values include empowerment, community development, and education. EMBARC’s focus on empowerment is based on the principle that lasting support systems and solutions come from within. As the collective voice of different ethnic groups from Burma, EMBARC strives to address shared issues. The organization believes a key factor in strengthening communities is strong community-based organizations. By providing linguistically and culturally appropriate services, and bridging bridges to community resources, families will increase their economic stability, integrate with the mainstream population, develop tools to engage in civic participation and self-advocacy, and strengthen their capacity to help others in their community. EMBARC supports education as the key to self-sufficiency; community led, accessible youth and adult tutoring programs which are based on measurable outcomes that have been implemented for nearly 5 years.

### CULTURAL COMPETENCY PRACTICES

The initial training feedback indicated that the participants were unable to move the message forward within their community. This resulted in the need to rework the training materials and retrain the participants. PCA Iowa committed resources to collaborate for reworking the materials and methods used to facilitate the training. The primary focuses became relationships, strengths, and resilience. EMBARC provided pictures to be embedded in the materials and PCA Iowa committed to using visuals and symbols rather than language in the training materials. The ultimate goal was to craft effective training materials and process that honored the Burmese culture.

**TABLE 8:**  
**Timeline of EMBARC Pilot Site Process**

MONTH	ACTIVE PEOPLE AND ROLES/TITLES	ACTIVITIES	OUTCOMES
0-3	Connections Matter Leadership Team, Communications Director  2 Boys & Girls Staff  PCA Iowa Director	Brainstorming potential community partners  Clarifying the message.  Creating Pilot Site Structures  Initial Contacts with Pilot Sites	<b>Defined Structures for Pilot Sites.</b> <u>4 Community Partners:</u> 1 Faith Community 1 Advocacy/Service Group 1 Youth-Focused Non-Profit 1 Youth-Focused Government Agency
3-6 (October/ November 2016)	EMBARC Staff	A PCA Iowa staff member was identified as support/training facilitator.  The PCA Iowa and EMBARC staff members identified participants for training as approximately 10 employees/volunteers.  Team leaders were identified as: EMBARC staff	Initial training took place

**Table 8 Continued**

MONTH	ACTIVE PEOPLE AND ROLES/TITLES	ACTIVITIES	OUTCOMES
		<p>The PCA Coordinator completed partial training as professional development to employees. No action planning was included for next steps.</p> <p>Evaluation showed that those trained were unable to make the information meaningful: cultural disconnect with the concept of mental health. Group was not able to identify the ways they could use the information.</p>	<p>Evaluations from two people regarding the training.</p>
<p>7-10 April</p>	<p>EMBARC Staff Evaluator</p>	<p>The PCA Iowa from CM, met with Leadership at EMBARC. This group identified challenges with the model and plans for moving forward: The curriculum and methods of sharing the information need to be adapted to meet the needs of this community: collective message rather than individualistic. The group requested that more focus be on the brain information. Lisa will continue to partner with them to make these adjustments.</p> <p>The RISE evaluator met with EMARC Staff to understand the process and current activity:</p> <p>The defined structures for the pilot site were not in place. Leadership team included two EMBARC Staff Members.</p> <p>The team planned to re-do the training, taking into account the cultural components identified from the first training. EMBARC staff had simplified the basic concept and added visuals, with additional time to process and reflect on the information.</p> <p>Train the trainer is 8 hours total, multiple sessions with content, follow-up, practice in presenting as pairs.</p>	<p>Plans to repeat the training with Health Navigators as train the trainer model.</p> <p>50 min sessions extended to 1-2 hours in learning circles.</p> <p>9 navigators...facilitated circles</p> <p>13 circles, 111 people received info</p> <p>The EMBARC Burmese Staff Member is key as cultural liaison because the concepts are not present in their community's culture. Need to alter the actual content, as well as language, and activities. The goal becomes awareness of mental health, rather than how to manage it.</p>
<p>11 July</p>		<p>Leadership Team Focus Group to clarify process and outcomes of the first cycle of training.</p>	<p>Structures of learning circles of Health Navigators are effective in reaching community members in their homes.</p>

## PRE AND POST SURVEYS WITH PILOT SITE LEADERSHIP TEAM MEMBERS

Please note that the pre survey was administered to all EMBARC staff. Changes in staffing limited the opportunity to administer the post survey; just two leadership team members were able to complete the post survey. The decision was made to not include this data in the report. For a consistent comparison it would have been preferable that the survey would have been administered to all EMBARC staff that received the pilot site training. The evaluators also learned that using a survey with the EMBARC participants was prohibitive due to language and conceptual barriers.

## FOCUS GROUP WITH PILOT SITE LEADERSHIP TEAM

### Participants:

Five Health Navigators participated in the focus group and an EMBARC Coordinator of the Health Navigator Initiative, served as the focus group interpreter. The focus group involved the coordinator using Burmese as a common language to pose the questions to the group, and then interpreted three other languages/dialects in order to share information with the evaluators. All group members were female; the group regularly met with the coordinator to prepare their work for initiating community learning circles. Five Health Navigators were present, each member responded at least one time during the discussion; they validated each other's responses with nods, smiles, laughing, or extending ideas.

### Results:

Each Navigator that attended the EMBARC training described their "take-away" from the CM content. Overall, responses indicated they learned the value of staying calm and taking care of themselves when they felt stressed, and how to manage relationships/support others when community members experienced stressful times. One participant described the change in her practice of supporting others; she paid more attention to trust. When she listened to another community member, she kept the information confidential, rather than share it with the community to further promote trust. Another talked about supporting others by being a better listener, and shared she asked about feelings in order to comfort them rather than try to fix the issue. A third group member highlighted the value of relationships and suggested she focused more on this in her work. She indicated that this helped the individual and the community; it was common to all humans. Several women indicated they experienced stressful situations frequently and were now able to use their new skills to handle the stress. One participant referred to the "side effects" of stress or trauma; the brain was often affected.

The benefits of learning this information were discussed through the lens of individuals and the community. When one Navigator stated that the information helped her to feel happier and more confident, each of the other Navigators nodded and smiled. They shared feeling more competent and supportive in their role as a leader in their communities. They had acquired new strategies for setting boundaries, so all of the negative issues that were shared with them were more manageable; they did not feel as stressed. Several women described that they cried about the issues of the members of their communities prior to the training. Now they did not cry about these issues; one woman stated she had ways to "protect herself" now. The information also helped the person sharing their problem cope, when the Navigator would give them ideas for reducing stress. Prior to the training, one Navigator shared that she felt like some things she did or said when she was trying to help felt like "nonsense", and now she had helpful knowledge to share. Another Navigator described her previous behavior with trying to support the person with a problem was to tell them to deal with it themselves, now the support she offered involved sharing available supports.

The community has benefitted as well, according to the women in the focus group people who attended the learning circle and pay attention do use it in their lives. They suggested that everyone has worries, so they may need to learn to "set a limit on their worry". The Health Navigator Learning Circles also provide people with an opportunity to ask questions or discuss how to manage their stress with each other; community members supported each other regarding personal issues. The children of the community were seen as also positively affected, according to the members of this group. They discussed the stressors that affected their children and that any time the adults managed their own stress

this supported the brain development of their children. The typical response to stress in these cultures was to keep it private and not let others know about it. They now noticed that more people were talking to each other about their stress, or conflicts in their relationships. Navigators mediated many conflicts between people in the community: one woman shared a story of when two friends were fighting, and when they were mad, they often displayed hurtful behavior. Overall, Navigators suggested that with these new skills and knowledge they were able to help people learn to be patient and use strategies to deal with their stress. This created the opportunity for the conflict to get resolved without further hurting one another.

Gender roles in these communities identify the male/husband as the head of the household and as the decision makers in the community. The focus group members discussed how this impacts their use of the CM information. They suggested they wanted to share the new strategies with their spouses to build relationship stability and that if the men had the information, they could use it to better relate with their family. Within the community, prior to coming to America, a man that physically harmed his wife was accepted; participants noted that in the US, the laws prohibit this. They suggested that men would not be able to change if they did not know another way of handling stress. Additionally, they suggested there were issues with the expectation that fathers be engaged with the business of schools like attending conferences and helping with homework. Women try to mediate this expectation with their husbands, but it creates conflict. As Navigators, they described the change in their own role in the family due to working and bringing home their own stress. Connections Matter strategies have helped them manage this new role; as wives, they share their new skills and knowledge with their spouses.

The model of sharing information as Navigators is a Learning Circle, where people are invited to a home within the individual's community. These circles are currently composed of women only, about 10 people in each circle. One pair of Navigators reported that they had shared their new CM knowledge with approximately 150 people. Three other Navigators estimated that they had shared with approximately 20 people each. (The total number of people who have received content within the EMBARC communities is over 200.) The Navigators suggested the need to adapt the overall message to meet the starting point of their group's knowledge of mental health. Mental health is not a concept defined or discussed in their culture. They shared that new knowledge regarding stress and the brain, staying calm, and supporting each other were the most helpful. Even though this was a new concept, people in the circles had received it openly and expressed eagerness to learn more. A few Learning Circle members wanted to know how to quickly fix the problems, and they wanted to know when one's mental health issues would improve. They indicated that the focus group discussion helped them understand that the question of when mental health would improve was a difficult one to answer. Members suggested they could focus on managing their stress and talking to someone else about their concerns. The following are comments shared by the interpreter communicating to the focus group facilitator/evaluator what a participant stated:

**"I shared with my friends to not overthink or question so much to reduce their stress because the stress can affect our children and effect their brain development. Also when mad at home when it is the appropriate time to talk about a disagreement."**

Participants recognized the following benefits to their community and to them as individuals:

- Helped people provide effective support when communicating with people one-on-one. They are able to use the skills and knowledge when they respond to individuals.
- Developed Navigators as leaders in their communities due to their new skills and knowledge. They shared that individuals from their communities consistently ask them for help.
- Decreased Navigator's own stress with responding to the struggles of the community members

The EMBARC focus group members enthusiastically supported continuing the work of sharing the Connections Matter message. As a group they expressed a desire to continue learning around similar topics so that they could continue to

gain personal skills and support their communities. Several of the women listed the desire to learn about relationships, parenting, marriage, and overall “life” skills, because they were unable to get this information anywhere else. They talked about the need to repeat the content of the sessions in order to truly be able to effectively use the content in their lives. The following are comments shared by the interpreter communicating to the focus group facilitator/evaluator what a participant stated:

**“In the past when a friend would come to me for help I did not know how to comfort them but now I am aware of how to help them take a moment to calm down. I also know how important it is to develop relationships.”**

**“As a woman I would get depressed and have self-doubt and just stay by myself and cry. Now I know to exercise, or talk to a friend. This does not necessarily solve the whole problem but helps me feel more confident that I can handle the stress.”**

Group members encouraged PCA Iowa to develop a plan to share the information with men in the community. This endeavor would involve developing culturally competent practices and considerable planning around who would be most appropriate for sharing the message with the men in the communities. One idea presented by a group member suggested the need to make it “safe” for the men to attend a Learning Circle and suggested information could be presented as supporting skills and knowledge that would benefit the entire community, rather than focusing on how an individual man should behave in a relationship. Perhaps the sessions could address how individuals in the community might work together and respond to stress or how individuals might perceive other people’s issues to support them. They shared that the sessions would need to be short and “to the point” and that the conversations needed to be ongoing, not just a one-time presentation. Participants indicated a respected community member who shared the information would be effective as a facilitator. The group validated the need for the following next step: Connections Matter sessions could lead to discussions about specific stressors in their community: alcohol, gambling, and marital infidelity. Group members suggested these were ongoing problems that would not change unless the community was able to effectively learn how to address them.

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## **PILOT SITE 3: OUR LADY OF THE AMERICAS WOMEN’S GROUP**

The inner city Des Moines parish serves area Spanish and English-speaking Catholics and the surrounding community. The church mission states: At Our Lady of the Americas we desire and look for, with gifts that the Holy Spirit has given to every member, to be a; Holy, United, and Obliging community. Making ourselves available to one another with our testimony, our work, and above all with our love and respect, to be a family as God wants us to be. This is our Father’s home and ours, lets continue embracing and looking after each one of its members. We envision a process of transforming all baptized Christians, clergy and lay, into maturing persons knowing themselves in community, growing in their relationship to God, lived in individual and shared ministry responses to their Baptismal call. The Women’s Ministry Group is one of several Lay groups within the parish; it meets weekly throughout the year.

### **CULTURAL COMPETENCE**

Our Lady of the Americas Catholic Church community is comprised of people who are mostly Spanish speakers, and many of who were recent immigrants. PCA Iowa and the leadership team committed to analyzing the training materials and adapting them for this group prior to training. Connections Matter materials were translated by PCA Iowa into Spanish and the visual representations were modified with group members sending pictures that could be incorporated into the curriculum. Additionally, faith-based concepts and bible reflections were discussed on opposite weeks of the

Connections Matter curriculum, which helped align the CM message to the ongoing work of the Women’s Group. PCA Iowa identified highly skilled trainer to share the Connections Matter message. The trainer spent extensive time with the women’s group to identify their strengths and build a trusting relationship. She had personal background with the culture of the women, and was able to match her training style with the group. She showed flexibility in the timeline, and a willingness to extend the time of trainings as needed. She gained clear understanding of the organizational structures within the parish, and built connections with leaders. During the focus group, members expressed appreciation of her compassion, empathy, and humor. Meetings were informal, and built in time for people to share their stories and support each other.

**TABLE 9:**  
**Timeline of Our Lady of the Americas Women’s Group Pilot Site Process**

MONTH	ACTIVE PEOPLE AND ROLES/TITLES	ACTIVITIES	OUTCOMES
0-3	Connections Matter Leadership Team, Communications Director	Brainstorming potential community partners Clarifying the message. Planning media presence and message Creating Pilot Site Structures Initial Contacts with Pilot Sites	<b>Defined Structures for Pilot Sites.</b> <u>4 Community Partners:</u> 1 Faith Community 1 Advocacy/Service Group 1 Youth-Focused Non-Profit 1 Youth-Focused Government Agency
4	The CM Communications Director and the PCA Iowa Coordinator	Connection Matters resources supported identification of Ana.  PCA Iowa Coordinator joined as the role of the translator, trainer, community liaison  PCA Iowa Coordinator initiated relationship with the Catholic Women’s Ministry (CWM) group, collaborated with them for cultural components  Ana adapted the training modules into sections manageable within the scheduled, weekly meetings of CWM.  Ana collaborated with Father Fabian to include devotionals related to CM content in the trainings	Curriculum, activities and devotionals for 8 sessions
5-8		Training occurred during 8 bi-weekly weekly sessions, over 4 months  Action planning occurred with participants to determine how they would use the information and share with the broader community	Evaluation of those trained

**Table 9 Continued**

MONTH	ACTIVE PEOPLE AND ROLES/TITLES	ACTIVITIES	OUTCOMES
		Plan determined by group: Have a Women's Night inviting congregation members to share info. From 20-minute session, use the monthly workshop already in place	Outcomes of workshop will be discussed in focus group
9-11		<p>Focus group: Gather information regarding their use of the information, and their participation in the process</p> <p>Debriefing with Ana related to lessons learned and cultural insights</p> <p>Follow-up, evaluation conversation with Fr. Fabian</p>	<p>The PCA Iowa Hispanic Coordinator role was essential to the success</p> <p>Group wants to continue the work</p> <p>Pastor, facilitator, and group want to extend the faith component within the training</p>

**PRE AND POST SURVEYS WITH PILOT SITE LEADERSHIP TEAM MEMBERS**

**Participants:**

Our Lady of the Americas post-training survey was administered in Spanish, with Ana Coppola interpreting. Fourteen women took the survey. Each of the women identified her role as a member of the faith community, and all of them identified as Latina or Hispanic. The majority of the participants have been members of the community for over 6 years. Prior to the Connections Matter training, they rated how well the community promotes social connectedness at 100% very well or extremely well.

**Results:**

**TABLE 10:**

**Our Lady of the Americas Women's Group pre and post survey results with pilot site leadership team members**

1. Likelihood that I will reach out to someone in the community?			
<b>100% of the women reported that they definitely would reach out to someone in their community following the training.</b>			
	<b>PRE</b>	<b>POST</b>	
Definitely will not.....	0	0	
Probably will not.....	0	0	
Might or might not .....	0	0	
Probably will .....	2/13	0	
Definitely will .....	11/13	14/14	100%
2. How well did Connections Matter program prepare you with knowledge and skills to share the information?			
<b>100% of the women reported that the training prepared them to share information either very well or extremely well.</b>			
	<b># OF RESPONDERS</b>	<b>% OF RESPONSES</b>	
Not well at all .....	0	0	
Slightly well .....	0	0	

**Table 10 Continued**

	# OF RESPONDERS	% OF RESPONSES
Moderately well .....	0	0
Very well .....	2	14
Extremely well .....	12	86

3. Who have you shared the information with? (Mark all that apply)

**100% of Our Lady of the Americas Women’s Group members reported that they have shared Connections Matter information with friends and family. Additionally, over half of the participants have chosen to share the information with people at their place of work.**

	#	% OF RESPONSES	% OF RESPONDERS
Colleagues at my job .....	8	28	57
Colleagues within my professional network .....	0	0	0
Friends and Family .....	14	48	100
Individual members of the community .....	3	10	21
Community Groups .....	3	10	21
Other .....	1	3	7
None .....	0	0	0

4. What Connections Matter content have you shared? (Mark all that apply)

**A majority of Our Lady of the Americas Women’s Group members reported sharing information specifically about brain development and the role of positive relationships in supporting people who have experienced trauma.**

	#	% OF RESPONSES	% OF RESPONDERS
The role that positive relationships play in building healthy brains .....	2	23	14
Brain development is essential to healthy community development .....	11	28	79
The role that positive relationships play in supporting people who have experienced trauma .....	11	28	79
The role that positive relationships play in building strong communities .....	7	18	50
None .....	1	3	7

5. How have you shared Connections Matter information? (Mark all that apply)

**Results statements:**

**All women reported they had discussed the information in small groups, and 79% reported they had shared it through individual conversations. The participants identified themselves as presenters; they brought the information to their congregation as a workshop.**

	#	% OF RESPONSES	% OF RESPONDERS
Individual conversation .....	11	27	79
Small group discussion/Group conference call .....	14	31	100
Collaborating with a colleague .....	0	0	0
Presented a training (20 minute and/or 50 minute) .....	16	39	100
Social Media Posts related to Connections Matter .....	1	2	14
None .....	0	0	0

## FOCUS GROUP WITH PILOT SITE LEADERSHIP TEAM

### Participants:

The Lady of the Americas Women's Group focus group was held during the weekly Women's Ministry meeting. Of the women who participated as members of the Pilot Site Leadership Team 8 women were in attendance for the focus group.

### Results:

These 8 women affirmed that the training was well done and that the presenter was responsive and supportive of their learning. They referred to the materials during discussion as helpful and suggested the processing activities and repetition of information supported their learning the most. They validated that in order to effectively learn the CM content all 8 sessions were needed, and that more sessions could be even more effective. The group shared they had the opportunity to discuss, process and practice activities regarding the content of Connections Matter and that this promoted their feeling comfortable with the new skills and knowledge. They collectively agreed that they would like to continue the work of spreading the CM message in their faith community, specifically on the topics of brain development, differentiating toxic stress and determining what was good stress. When asked if they would feel comfortable being leaders in presenting the information, two of the women indicated that they would consider taking on leadership responsibilities. The following are comments shared by the interpreter communicating to the focus group facilitator/evaluator what a participant stated:

**"I would need more practice to feel comfortable to lead an information giving session. I would need to become more comfortable with the information. I could partner with Ana to do a session."**

The facilitator of this faith community pilot site recognized the importance of incorporating appropriate scripture into the sessions. The parish priest worked with the facilitator to develop scripture lessons to embed into each session and facilitated these approximate 20 minute devotions.

The members of the Women's Ministry Group provided detailed descriptions of the benefits from this training including the following understandings: everyone has stress, people need to talk about their stress both within their community group and with people they choose to communicate with outside the group. Seven of eight focus group participants reported that the information was a "stress reducer" for them personally. Members identified the session benefits within their homes as: strengthening their relationships, and improving their own health.

Several members described the benefits of connecting scriptures to their daily activities and issues. They felt this was very important to their learning and ability to engage within the group. Overall, their descriptions of the benefits were primarily personal.

Multiple participants described the value of sharing stories and stress they were experiencing with each other as a group as therapeutic for them and helped to reduce stress. Several women indicated they had learned about the positive and negative elements that sometimes develop in relationships. One woman described a "toxic relationship" and offered strategies for dealing with a toxic relationship. Several members shared that they were showing others how to use the doll, foam, or stress ball to reduce stress. Another participant shared they recommended exercise with a spouse to reduce stress and develop a positive relationship.

**"I have learned how to work with stress and I know better now the difference between a positive relationship and a negative relationship. I realize when a relationship is toxic."**

**"We have learned how to reduce stress. My dad in Mexico was having a lot of stress so I talked to him and shared with him that he could play with a doll or a ball. He tried it and he said it helped him to feel more calm."**

Group members discussed sharing their learning with members of their communities. When asked who they shared information with, women listed family members, such as a father in Mexico, their spouse, their children, friends and people within their work settings. Individually information was mostly shared through one-on-one conversations. As part of their action plan the women of the congregation and community were invited to attend a workshop where the CM message Power Point presentation was shared. This activity enjoyed good attendance and was deemed a success allowing for more women in the community to learn about mental health. The women's group had been offering monthly workshops for women in the community that offered the perfect venue for sharing the CM content. The workshop also included a devotional. Members saw the workshop as supporting building healthy relationships rather than what workshops typically focused on; cleaning the church or making everything in the parish perfect. The feedback regarding the workshop was very positive and they described it as offering a "taste" of information. They shared that the women attending indicated they wanted more information on the topic of mental health. When asked to rate the workshop on a scale of 1-5, with 5 being best, all focus group members rated the workshop as a 5. Members indicated that they were witnessing conversations in their community about the topic or that people would sometimes share information they had learned when they were listening and supporting one another. The group described the desire to continue to share the information with other people in their community, and planned to present an additional workshop.



**"I shared with my sons and husband that it would be good if we walked together to help with the stress so we have been walking."**

Participants recognized the following benefits to their community and to them as individuals:

- Helped with managing stress
- Appreciated the opportunity to discuss the information with the Pilot Site Leadership Team Members suggesting this offered a support system that was not present outside of the group
- Made new friends with women they had not previously met who also became people they could share with and they would be listen

Each member affirmed that they intended to stay in the group for the foreseeable future. They stated that they would encourage the parish leadership to continue to invite additional people to the group, and to share Connections Matter information with other parish groups. As mentioned above the women shared their desire for the men in the parish to get this information and suggested that the men in their communities needed the information due to the stress that they experienced. Group members considered repeating the workshop and extending an invitation, to people attending, to participate in the 8-session training as a follow-up.

### **INTERVIEW WITH A PROPOSED PILOT SITE COMMUNITY**

The West Des Moines Youth Justice Initiative (YJI) is a community-based participatory restorative justice process. YJI engages crime victims and community members in the justice process, holding young offenders directly accountable to the people and community they have harmed, restoring as far as possible, the losses of victims and providing a range of opportunities for dialoging and problem solving whenever possible, with the goal of leading to a greater sense of community safety, social harmony and peace for all. Initiated in 2000, the Youth Justice Initiative continues to thrive and has recently added a new component, the Resiliency Project. This program centers on resiliency measures for youth who may not have been charged with a crime, but who may be in difficult situations and need extra support.

**TABLE 11:****Timeline of the Youth Justice Initiative Participation**

MONTH	ACTIVE PEOPLE AND ROLES/TITLES	ACTIVITIES	OUTCOMES
0-3	Connections Matter Leadership Team,	Brainstorming potential community partners Clarifying the message. Planning media presence and message Creating Pilot Site Structures	<u>4 Community Partners:</u> 1 Faith Community 1 Advocacy/Service Group 1 Youth-Focused Non-Profit 1 Youth-Focused Government Agency
4	CM Staff YJI Staff	Collaborative conversations. Review of Connections Matter Resources, Attempts to combine theoretical base of YJI organization with CM message.	
November 10, 2016	RISE Evaluator YJI Director and Assistant: Claudia Henning Ashlee Swinton	Interview regarding process and concerns. Discussion of "Three Principles": internal resilience. Discussion of organizational capacity.	Determined the CM message was not compatible with the "Three Principles Research" and did not have the capacity to commit to becoming a pilot site

The Youth Justice Initiative Director and Staff Member expressed their belief that the CM Message was an important one for the community to understand but were reticent regarding the professional time it would take their organization to embed the CM message with their message using the Three Principles Research. They determined they could not serve as a Connections Matter Pilot Site due to two factors:

- Embedding the message of CM may create confusion for their clients
- Embedding the message and participating as a pilot site would require more staff capacity than available at JYI currently

## CONCLUSIONS

The following tables outline the findings of this formative and summative external evaluation, of the Connections Matter - A Response to ACES program.

Overall, this evaluation identified many strengths of Prevent Child Abuse Iowa's (PCA Iowa) program to spread the Connections Matter message of support to people who have experienced trauma. Strengths were identified in both the implementation process and program outcomes.

PCA Iowa was responsive and flexible during the process of creating and adapting materials for sharing the Connections Matter message and facilitating trainings. Relationships were built across business, nonprofit, and educational sectors of the community. Connections Matter matter pilot sites included groups from the faith community, immigrant community, and the child-development/education community. Highly skilled facilitators, with extensive talents in culturally responsive

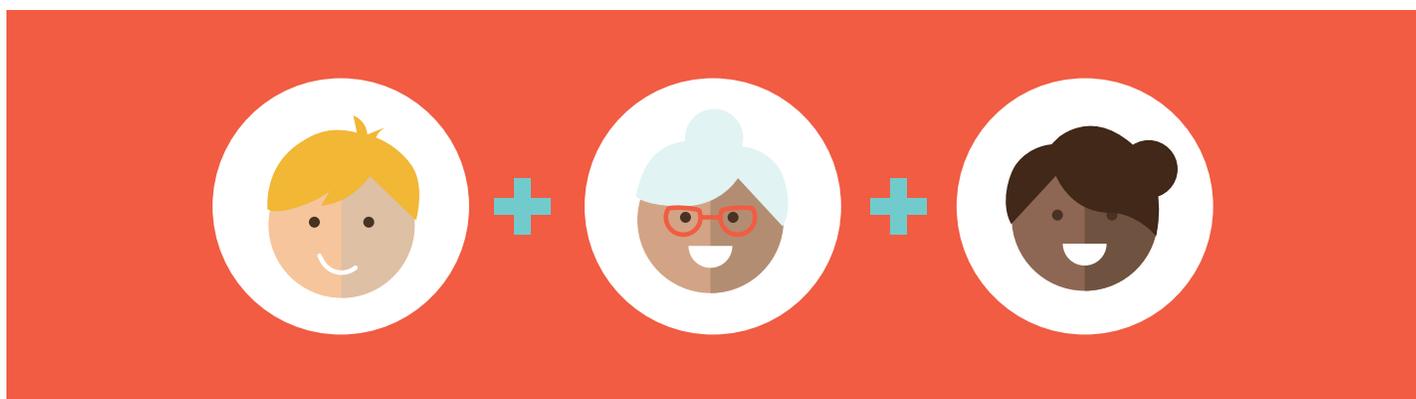
practices and relationship building, were matched with communities for effective facilitation of complex materials. Pilot site community members reported specific content and strategies they gained from Connections Matter trainings. They expressed interest in ongoing work around the concepts and strategies of Connections Matter.

Regarding the education goal, over 1000 people attended workshops, webinars, or formal trainings, with approximately 600 people trained as presenters. People attending the training extended the reach of the Connections Matter message by sharing information and strategies with colleagues, families, and members of their professional and personal networks. Geographically, the message extended throughout Iowa, in 42 communities.

When barriers were identified during the process of implementation, PCA Iowa adapted and extended their support to overcome them. PCA Iowa committed extra resources, time and people to this project to make it successful. Original timelines were extended. Initially, varying visions for the program had to be coalesced. Diverse stakeholders were brought together to create a common vision; this complex process led to clarified goals for implementation and evaluation. During implementation at all levels (PCA Iowa, pilot sites, partners) there were changes in staffing requiring additional time to regroup, and also some revisions of the overall implementation plan. The message remained consistent, and new people were oriented to the Connections Matter program message and implementation plan. Pilot site implementation was added to the action plan as a result of the leadership team's identify ways to go deeper with the message to address identified community needs. The training for these communities was individualized by site, with input from community members.

Pilot sites reported variable outcomes following the training; intended action planning looked different in each community, depending on their team's readiness for the content. In the future, including a process to define readiness at each pilot site would enhance participation and help to clarify desired outcomes. The Connections Matter training included action planning for how to spread the message; this was implemented with varying success at each site. Including a process for helping each community assess their assets and needs would be beneficial with preparing the team for understanding how to utilize their newfound knowledge. Ongoing coaching or check-ins with community members would support sustaining the work beyond the grant phase. For the evaluation, goals were clearly defined. However, the indicators for success for the pilot sites were not clearly defined. This at times became a barrier for effective communication and implementation. Members of the leadership team committed to multiple meetings, ongoing conversations, and additional time to work to clarify the measures of success throughout the process.

It should be noted that the evaluation overwhelmingly indicated that the culture of each group of people demands that the materials and practices be adapted appropriately to be effective. This surfaced as an indicator that should continue to be a goal for working to spread the Connections Matter message with diverse groups of people. PCA Iowa devoted extensive time and resources to the process of adapting materials to serve the uniqueness of each group. Cultural competence should be considered at each step of the process. In the future PCA Iowa plans to continue to focus on culturally competent practices.



## GOAL 1: DEVELOP AND DELIVER A CONSISTENT MESSAGE

**G1.1 Has the CM Initiative Leadership Team developed a consistent public message about the importance of positive relationships in responding to trauma and improving well-being that stakeholders can use to encourage caring connections?**

- CM RESOURCES DEVELOPED TO DATE:**
- Logo
  - Marketing Campaign
  - Social Media Campaign to Include Bilingual Statements
  - Educational Booklet
  - Training Curriculum
  - Training Evaluation Document
  - Pilot Site Protocol and Expectations
  - Development of Bilingual Materials

## GOAL 2 AND 3: EDUCATE COMMUNITY MEMBERS/ENGAGE COMMUNITY MEMBERS

**G2.2 To what extent has the CM Initiative Leadership Team succeeded with spreading the CM message in Iowa?**

- SPREAD OF THE CM MESSAGE:**
- 42 Communities
  - 600 Presenters Trained
  - 1000 Documented Training Participants
  - Approximately 170 received the CM message thru Pilot Site Leadership Team Work

- RECOMMENDATIONS:**
- Devise opportunities and/or motivators for the trained presenters to hold trainings with their communities
  - Develop an effective data tracking system from which the CM Leadership Team can base decisions

**G2.3 How did the trained participants share the CM message with others in their communities following the training?**

- PRIMARY METHODS USED TO SHARE:**
- Professional networks with co-workers and colleagues
  - Personal networks with friends, family and neighbors

- RECOMMENDATIONS:**
- Devise incentives for the trained presenters to follow-thru and hold trainings with their communities
  - Develop an effective data tracking system from which the CM Leadership Team can base decisions

**G2.4 What are the essential strategies for an effective CM Initiative training?**

- ESSENTIAL STRATEGY RECOMMENDATIONS:**
- Utilize a facilitator skilled at engaging participants and developing positive rapport
  - Develop additional products (visuals, translations) that would help with spreading the message to diverse communities to help with the language barrier

- Continue to use best practice strategies for adult learners (interactive activities and real life examples, time for processing and follow-up coaching)
- Include information regarding how participants could use the additional supports available like the website and Facebook to help with spreading the CM message
- Allow additional time for processing in order to address the specific needs of the participants
- Adapt the curriculum in order to address specific needs of the participants

**G2.5 When serving as a pilot site coordinator what were the essential skills and knowledge needed to work with a specific community (church, non-profit organization etc.)?**

**ESSENTIAL SKILLS AND KNOWLEDGE RECOMMENDATIONS:**

- Communication skills for building positive relationships:
  - listening, being flexible, allowing time for reflection and discussion, affirming people’s contributions
- Networking skills for connecting with and engaging community leaders
- Knowledge of the cultural norms and language of the community
- Knowledge of the community resources available to the community
- Organizational skills for leading action planning or next steps for sharing the message
- Facilitation skills for assessing prioritizing needs of a community

**G2.6 How effectively were the pilot sites able to share the CM message with their community?**

**LEADERSHIP TEAM INDICATORS:**

- Leadership teams were developed
- Received the 50-minute training
- Identified a plan for sharing the CM message
- Implemented their plan for sharing the message in their communities
- Requested furthering the work in their communities
- Gave examples of using the CM message in their professional and personal lives
- Indicated they felt efficacy, confidence and connectedness as a result of participating

# FUTURE DIRECTIONS

## EDUCATION

PCA Iowa has a strong partnership with the education sector and has developed a collaborative relationship with the Iowa Area Education Agencies (AEAs) Chiefs and staff to expand capacity in education for trauma sensitive practices and the improved well-being of students. The state AEAs are the lead agencies providing technical support and training for special education services to school districts, teacher training, and program implementation. AEAs have recognized the growing need of universal prevention focused supports for students to improve learning outcomes and reduce office referrals. PCA Iowa has been a primary partner with the AEA network since October 2016, providing education and training on Iowa's Adverse Childhood Experiences research and strength-based response to improve social supports and develop resilience. Of note, PCA Iowa has worked with Central Rivers AEA to develop a strategic plan as part of an AEA pilot initiative that has resulted in a multi-tiered system of support model for mental health. The Connections Matter framework has been integrated into the strategic plan for Central Rivers AEA.

## FAITH COMMUNITIES

PCA Iowa is in the process of planning a focus group with local faith leaders to alter the curriculum to be specific to the faith community. The facilitator, from the Polk County Health Department who worked with the women from Our Ladies of the Americas, will continue to help build relationships and possibly mentor another church with implementing the Connections Matter framework.

## BUSINESS (SUPPORTED BY REGIONAL CHAMBERS; BUSINESS ASSOCIATIONS)

PCA Iowa has been a partner with the Central Iowa SHRM, the Iowa Association of Business and Industry, and the Greater Des Moines Partnership that supports a broad network of Chambers of Commerce. PCA Iowa's work around Connections Matter and the Iowa Adverse Childhood Experiences study has been well received by these business associations. Each entity has identified the need to support mental health in the workforce and all are collectively interested in further meaningful work together centered on prevention and early intervention.

PCA Iowa is currently working with the Central Iowa SHRM to develop resilience, social supports, and mental health messaging specific for the workplace for the Connections Matter framework. The Society for Human Resources Management (SHRM) is a professional organization supporting HR managers with training and technical assistance for continued development of excellence in Human Resources. SHRM has active chapters within the defined geographical area.

The Iowa Association of Business and Industry (ABI) is a statewide association supporting more than 1,500 member companies who employs approximately 330,000 Iowans working in both rural and urban areas. ABI's mission is to nurture a favorable business, economical, government and social climate within the state of Iowa so citizens can have the opportunity to enjoy the highest possible quality of life. PCA Iowa has been invited to present "Connections Matter-Building Resilience through Building Better Teams in Business" in June of 2018.

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## REFERENCES

Central Iowa ACEs Coalition (2016). Beyond ACEs: Building Hope & Resiliency in Iowa.\*

Felitti, 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.

Sammons, P. (2016). Overview and evaluation of public health program: children's resilience initiative. Boca Raton, United States of America: Everglades University.



**Amanda the Panda**  
**American Academy of Pediatrics, Iowa Chapter**  
**Blank Children's Hospital**  
**Child & Family Policy Center**  
**Des Moines Public Schools**  
**Iowa Department of Education**  
**Iowa Department of Public Health**  
**Mercy Medical Center**  
**Mid-Iowa Health Foundation**  
**Orchard Place Child Guidance Center**

**Polk County De-categorization**  
**Polk County Health Department**  
**Prevent Child Abuse Iowa**  
**Project IOWA**  
**Trauma-Informed Care Central Iowa Stakeholders**  
**United Way of Central Iowa**  
**Unity Point Health**  
**University of Iowa**  
**U.S. Committee for Refugees and Immigrants**

## ADDITIONAL CONTRIBUTORS:

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# APPENDIX A

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“ကျွန်တော်တို့အားလုံးကလေးငယ်များသည် ဟာလီဝေါ့စ် ဝါဒီများနှင့်အတူတူပင်ဖြစ်သည်။ ကလေးငယ်တို့သည် ကျွန်ုပ်တို့အားလုံးကဲ့သို့ပင် ဖိစီးခံရပြီး ဝမ်းနည်းခြင်း၊ စိတ်ဓာတ်ကျခြင်း၊ စိတ်ချမ်းသာမှုမရှိခြင်းနှင့် သူတို့၏ ဝမ်းနည်းမှုကို ဝန်ခံရခြင်း - လမ်းညွှန်ရေးရာများ”

သင်၏ဆက်သွယ်မှုက ဘာတွေလဲ။

ဆက်သွယ်မှု အကြောင်းအရာများသည် ကုသမှုအစဉ်အတွက် ကိုယ်ပိုင်ဘက်ကူညီခြင်းပင်ဖြစ်သည်။

ကလေးငယ်များသည် ဝမ်းနည်းမှုများကို ကလေးများအတွက် ဆက်သွယ်မှုများသည် လမ်းညွှန်ပေးပြီး လူမှုရေးအဖွဲ့အစည်းများသည် ဆက်သွယ်မှုများကို သက်သာပေးပါသည်။ လူပုဂ္ဂိုလ်များသည် ဆက်သွယ်မှုများကို လမ်းညွှန်ပေးပြီး ကျွန်ုပ်တို့အားလုံးကဲ့သို့ပင် ဝမ်းနည်းမှုများကို ဝန်ခံရခြင်းပင်ဖြစ်သည်။

“أنا سعيدة جداً عندما أرى أطفالاً يمشون في الشارع مع والديهم. هذا هو المكان الذي نحتاجه جميعاً. نحن بحاجة إلى أن نكون معاً ونسعى جميعاً نحو الأمام. نحن بحاجة إلى أن نكون معاً ونسعى جميعاً نحو الأمام.”

— راببا ستيڤن ايدلمان-بلاك

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— راببا ستيڤن ايدلمان-بلاك

Postcard (Burmese and Arabic)

“MY CONNECTION IS TO GET TO KNOW EACH CHILD IN MY SYNAGOGUE ON A MEANINGFUL LEVEL SO WHEN THEY GO THROUGH CHALLENGING TIMES, I CAN SUPPORT THEM.”

— RABBI STEVEN EDILMAN-BLANK

WHAT'S YOUR CONNECTION?

A caring connection can give a child a great start. It can help an adult with a history of trauma heal. It can improve the health of a neighbor and the well-being of a family.

CONNECTIONS MATTER IS A COMMUNITY EFFORT.

Postcard (English)

## WHAT IS TRAUMA?

Trauma can be any experience that is overwhelming or feels threatening. Experiences such as serious illness or injury can cause trauma, as well as experiencing violence in the home, at school, or in the community.

What might be experienced as trauma is different for each person. Positive relationships and supportive community influence whether something will be experienced as trauma. Connecting with a child who is overwhelmed by stress and helping a struggling parent can prevent trauma from being passed on to the next generation.

## UNDERSTANDING TRAUMA

The effects of trauma can linger or happen long after the traumatic event. A teacher, parent, coworker or friend may not understand why someone is reacting in a way that doesn't make sense. Without support, prolonged stress can lead to physical and mental health problems, and unhealthy ways of coping such as using alcohol and drugs.

Good news! Science shows that healthy relationships helps us get through tough times and can prevent the effects of trauma.

To learn more about how lowa is addressing childhood trauma go to [www.loweaces360.org](http://www.loweaces360.org)

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CONNECTIONS MATTER  
developing brain • relationships • community

By Linda Chamberlain, PhD, MPH  
For the Connections Matter community initiative [www.connectionsmatter.org](http://www.connectionsmatter.org)

### Booklet

## WHAT'S MY CONNECTION?

POST-IT BRAINSTORMING EXERCISE TO SHARE WHAT WE CAN DO NOW

IOWA COMMUNITY FRIENDS FAMILY

- Volunteer at a local school
- Spend extra time chatting with a child in my neighborhood
- Visit a stressed out parent to see if I can help in any way
- Ask my church or employer to attend this training

## Healing Power of Relationships: Adults

RECOVER MORE QUICKLY FROM TOUGH TIMES

FEEL RICHER

LESS LIKELY TO GET SICK

LOWER BLOOD PRESSURE

LESS DEPRESSION

TO DO LIST:  
Introduce yourself to someone you've seen before in your neighborhood but never said hi to

### PowerPoint

## CONNECTIONS MATTER

EL 80% DEL CRECIMIENTO DEL CEREBRO OCURRE EN LOS PRIMEROS 3 AÑOS DE VIDA.

LAS INTERACCIONES CARIÑOSAS DESARROLLAN CONEXIONES CEREBRALES POSITIVAS QUE MEJORAN:  
La salud mental y física • El pensamiento y al aprendizaje • El manejo del estrés

LOS INDIVIDUOS PRÓSPEROS DESARROLLAN RELACIONES COMPRESIVAS QUE AYUDAN A LAS PERSONAS A SALIR ADELANTE Y SANAR.

COMO RESULTADO, LAS COMUNIDADES CRECEN FUERTES, SEGURAS Y EXITOSAS.

PERO TODAVÍA HOY

- Los individuos están más aislados que en épocas anteriores
- Sin apoyo, la gente encuentra formas no saludables para salir adelante
- El estrés continuo puede llevar a una mala salud y bienestar

¿CUÁL ES SU CONEXIÓN?

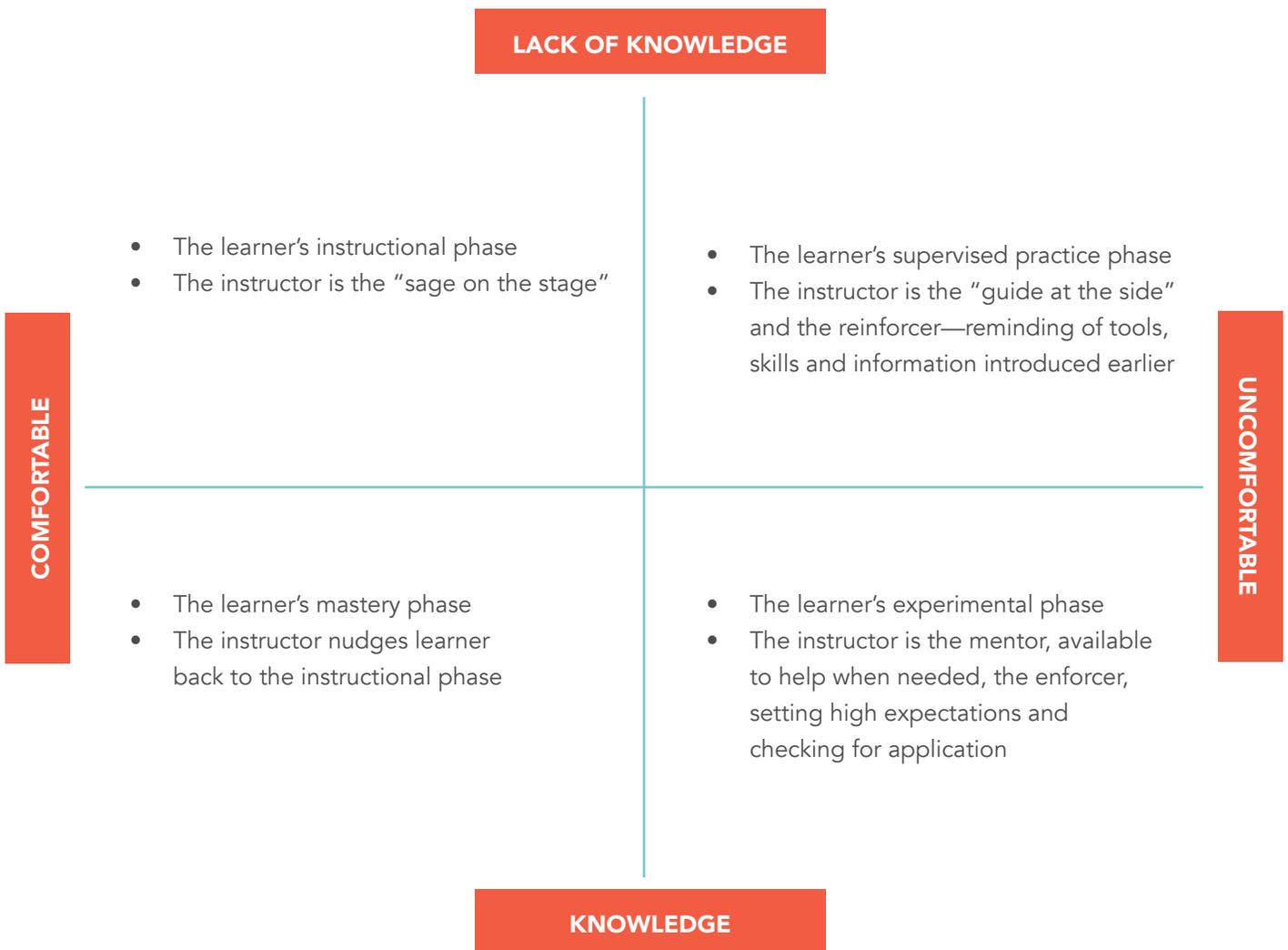
- Comuníquese con un vecino
- Pase tiempo con un niño sin aparatos electrónicos
- Prepárese una comida para un padre o madre
- Escuchar la historia de alguien

CONNECTIONS MATTER [www.connectionsmatter.org](http://www.connectionsmatter.org)

### Infographic (Spanish)

# THE LEARNING QUADRANT

Developed and refined by Peter Holly and Mary Daily Lange



# ACTION PLANNING SHEET

1	2
GOAL STATEMENT PRIORITY	ACTION PLAN
	<b>ACTION STEPS: IMPLEMENTATION DESIGN</b>
	<p><b>What?</b></p> <p><b>When?</b></p> <p><b>Who?</b></p> <ul style="list-style-type: none"><li>• People to talk to/influence meetings:</li><li>• To arrange:</li><li>• Timelines:</li><li>• Arrangement/appointments:</li><li>• Dividing up the jobs between people:</li></ul>

3	4		5
EVALUATION			
SUPPORT NEEDS	SPECIFIC OUTCOMES/ SUCCESS CRITERIA	GATHERING DATA/ ASSESSMENT TECHNIQUES	
ITEMS	COSTS		
<p>Resources:</p> <ul style="list-style-type: none"> <li>• Money</li> <li>• Soft/hard</li> <li>• People</li> </ul> <p>Training needs:</p> <p>Material production:</p>	<p><b>"Success will have been achieved when..."</b></p>	<ul style="list-style-type: none"> <li>• Assessing to understand needs:</li> <li>• Assessing to monitor progress:</li> <li>• Assessing to evaluate and results::</li> </ul>	

