

EXECUTIVE SUMMARY

Proceedings Of the National Collaborative on Adversity and Resilience (NCAR)



In 1998, the Centers for Disease Control published a study showing that adverse childhood experiences (ACEs)—living with an alcoholic parent, for example, or suffering physical abuse—were both common and corrosive to long-term health. Since then, biomedical research has begun to illuminate exactly how such early trauma can last a lifetime, shaping the way children and adults learn, play and grow.

We know now that traumatic experiences leave tracks in the developing brain, flood the body with stress hormones, hike the risk of engaging in unhealthy behaviors and raise our vulnerability to a host of physical and mental ailments. Toxic stress creeps under our skin, compromising our immune systems and even changing the expression of our genes.

Emerging neuroscience has also yielded some good news: ACEs are not destiny. If the human brain can be hurt, it can

also be healed. And it is up to all of us to aid in that healing, creating communities in which everyone can thrive.

In December 2013, thirty-five national leaders in ACEs research, policy and practice came together at the Robert Wood Johnson Foundation in Princeton, New Jersey, for a retreat co-hosted by the Institute for Safe Families. This group, the National Collaborative on Adversity and Resilience (NCAR), met to advance a call to action issued at the National Summit on ACEs earlier that year.

Over the course of two days, through vigorous conversation, small-group work, panel discussions and thought-provoking presentations, NCAR participants clarified their mission: to fuel the collective impact of people and organizations committed to preventing childhood trauma and creating a just, healthy and resilient world.

That effort is already under way; from Walla Walla, Washington to Tarpon Springs, Florida, communities are changing the way they think about health and illness, human suffering and strength. Trauma-informed schools are noting a decline in suspension rates and violence; health clinics are weaving behavioral health, mindfulness and creative arts therapies into the delivery of primary care. People are learning to ask not “What’s wrong with you?” a question freighted with judgment, but “What happened to you?” a question that invites dialogue, reflection and healing.

NCAR participants cheered those successes while mapping out the next phase of a national movement on ACEs and resilience. The group agreed to be guided by principles including equity, inclusivity and a broad definition of wellness that encompasses physical, mental, emotional and spiritual well-being.

NCAR Strategic Goals

1. Create a common language informed by robust data and brought to life by compelling stories of healing and recovery. Use key messages to inform and inspire policymakers, practitioners, funders, the private sector, the media and the public.
2. Educate leaders, policy-makers and the public about ACEs, brain development and effective interventions, including the paradigm shift from asking “What’s wrong with you?” to “What happened to you?”
3. Identify, promote and bring to scale research-informed, community-driven and cost-effective trauma and adversity prevention and recovery strategies, services and programs.
4. Engage elected and appointed officials, private sector leaders and other influencers as champions for health, educational, economic and related policy changes that improve community resilience, health equity and social justice.
5. Increase and leverage public and private funding for translational research, strategic collaboration, professional training, communication and the development of standards for trauma-informed services, organizations and communities.
6. Develop strong and adaptive leadership among members and allied organizations, coalitions and movements that share our commitment to a more just, healthy and resilient world.



NCAR Action Steps

1. Establish a fluid, inclusive and forward-looking organizational structure modeled on best practices for collective action.
2. Leverage existing Internet and social media platforms and networks for sustained dialogue, decision-making, research and information-sharing.
3. Design shared measures of success to evaluate our progress and be accountable to our members and supporters.
4. Convene regularly to take collective action, widen our spheres of influence and advance our purpose and goals.
5. Secure funding to nurture and sustain our work.

Join The Movement!

To learn more and to contribute your ideas and experience to the NCAR movement, please go to:

www.ACEsConnection.com to connect online or email NCAR@healthfederation.org

The NCAR programming is now housed at the Health Federation of Philadelphia

“ACE studies are as revolutionary as germ theory was for the 19th century.”

Sandra L. Bloom, MD

