

#### **TIP SHEET**

## Finding and Engaging Champions and Key Decision-Makers for Implementing ACE Screening and Toxic Stress Treatment

Bringing Adverse Childhood Experience (ACE) screening and toxic stress treatment to your organization will require engaging most staff at some point during the process. To start, it can help to identify a smaller group of champions and key decision-makers who will provide input and may influence the implementation process.

How you start and who you engage can look different across organizations. For some practices that have adopted ACE screening and treatment of toxic stress, the effort began with a single champion. In other practices, teams of clinicians and staff formed early in the process and worked together to engage leadership and peers. And in other cases, leadership was the driver of ACE screening implementation. Regardless of your situation (i.e., an individual champion or an implementation team), building support is critical to success.

Identifying and engaging other champions helps generate grassroots support. Champions also may be able to influence key decision-makers, including leadership. In addition, they can encourage staff participation in the ACE screening initiative during the planning and piloting phases, and support sustainability over the long term.

This article provides tips based on input from clinicians who have successfully implemented ACE screening, as well as health care innovation implementation research on how to seek out and engage individuals who will support the implementation process.



### Who: Find other champions

ACE screening and toxic stress treatment may involve many aspects of your practice, so consider a broad list of potential supporters. These may include people in the organization who:

- Are formally appointed implementation leaders for the ACE screening initiative (i.e., the implementation team)
- Have formal and informal influence on the attitudes and beliefs of their colleagues
- Are dedicated to supporting and driving efforts around ACE screening, toxic stress treatment, and trauma-informed care.

Outside of your organization, other champions may include people who formally influence the organization, such as board members, community partners, your managed care organization, or a designated facilitator or consultant.

These champions should represent different departments or areas of work in and outside of your organization. For example, there may be a clinician who has a keen understanding of what social services are available in your community. Or there may be a senior executive who can help advocate for funding. For example, these representatives could include:

- Clinic-based healthcare team: Primary care physicians, specialists
  who care for patients with ACE-Associated Health Conditions,
  nurse practitioners, nurses, physician assistants, medical assistants,
  midwives, behavioral health practitioners, social workers, case
  managers, peer support specialists, health professional trainees and/
  or students, volunteers
- **Clinic administration:** Office manager, senior leadership, administrative staff, front desk staff, information technology



• **Community-based:** Leaders of community-based organizations, social services, justice system, schools, early-intervention services, faith-based organizations, and government programs in your referral network/Network of Care; patients; a patient advisory board, or a staff member who can represent the "patient voice"



### Tip: Prioritizing whom to engage

How do you determine who may be ready and willing to help you build support? Consider:

- Who might champion ACE screening and toxic stress treatment?
   (e.g., think about how ACE screening may align with their goals and interests.)
- Who will be affected by ACE screening? (e.g., which roles will be affected by changes in the workflow?)



#### **Tip: Identifying key decision-makers**

Champions may be key decision-makers — but not necessarily. Identifying and engaging key decision-makers, particularly organizational leadership, is a key ingredient for success. At a small practice, it may be obvious who you need to bring on board. At a larger practice, it can help to think about:

- Who is necessary to get on board to implement ACE screening and effective toxic stress treatment?
- Who is on the Board of Directors?
- Who makes the clinical decisions?
- Who makes the financial decisions?
- Who will evaluate ACE screening/manage quality improvement?



# How: Strategies to approach and engage other champions

After you think about **who** to engage, think about **how** you will engage them.



# Tip: Some individuals may need you to answer "Why should we screen for ACEs?"

There may be potential champions and key decision-makers who need to be brought on board to the topic of ACEs and ACE screening. Read <u>Making the Case to Clinic Leadership</u> and <u>Why Should My Practice Screen for Adverse Childhood Experiences and Risk of Toxic Stress?</u> to support your conversations.

#### Here are some strategies to consider:

- Share knowledge and encourage open discussion: Hold informational sessions and discussions, such as through grand rounds or team meetings, to support colleagues in learning more about ACEs. Create opportunities to understand why colleagues may be optimistic about addressing ACEs or why they hold a difference of opinion and are hesitant to start screening. Determine how to create common ground. Make sure to listen closely to their pain points as these colleagues often have specific, helpful feedback that could improve implementation.
- Find other ACE screening and toxic stress treatment champions:
   Particularly in larger or multi-department practices, engage your peers to help amplify your outreach. Consider engaging those who may already be implementing toxic stress mitigation strategies both within your practice and in the community.



- Ask for "referrals:" Find out who other staff members trust and think might support ACE screening.
- Seek out patient partners: After screening one or several of your patients for ACEs, ask how they felt during the screening experience, what worked well, what was hard, and what could have been better.
- Seek mentorship: One way to start the conversation about implementing ACE screening is to seek mentorship from a senior leader who has experience in systems change. Meet one-on-one to seek input on how to best support the organization's adoption of ACE screening and come prepared to address common misperceptions about ACE screening. Based upon the leader's position, they may be able to help you develop a strategy to create change.
- **Seek out mentees:** Consider engaging a trainee or junior colleague to be the champion of the work so that there is a sustainability plan and multiple voices at the table.

Implementing ACE screening and toxic stress treatment benefits from a team effort. By working to build a network of champions and engaging with key decision-makers from the start, you are positioning ACE screening as an organization-wide commitment that will be sustainable beyond your participation.





#### References

Aarons GA, Ehrhart MG, Farahnak LR, Sklar M. Aligning leadership across systems and organizations to develop a strategic climate for evidence-based practice implementation. *Annual Review of Public Health* 2014; **35**: 255-274.

Center for Community Health and Evaluation. Resilient Beginnings Collaborative: Learning from early adopters in pediatric primary care, 2020. <a href="https://www.careinnovations.org/wp-content/uploads/RBC\_final-eval-brief\_FINAL-2020-10-272-1.pdf">https://www.careinnovations.org/wp-content/uploads/RBC\_final-eval-brief\_FINAL-2020-10-272-1.pdf</a>.

Center for Youth Wellness and Center for Community Health and Evaluation. National Pediatric Practice Community on ACEs (NPPC) Cohort 1 Final Evaluation Report Center for Community Health and Evaluation, 2019. <a href="https://nppcaces.org/wp-content/uploads/2019/10/NPPC-cohort-1-Report-08-26-19-.pdf">https://nppcaces.org/wp-content/uploads/2019/10/NPPC-cohort-1-Report-08-26-19-.pdf</a>.

Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science* 2009; **4**: 50. doi:10.1186/1748-5908-4-50. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2736161/.