

University Stewardship of a Healing Community

BY BRIAN NOLAND, PH.D., PRESIDENT, EAST TENNESSEE STATE UNIVERSITY

Students, faculty, and staff at our institutions bring with them a variety of experiences; some experiences add to their potential for success, others create potential barriers. It is incumbent upon all higher education leaders to do everything in their power to understand, and when possible, provide solutions that help students overcome those barriers, enhancing the potential for increased educational attainment. While many of the barriers to student retention and graduation are well documented, easily studied, and have implementable solutions, there are others that are subtler and require broad systemic solutions. One such set of barriers, created long before students arrive to our campus, are Adverse Childhood Experiences (ACEs). In the mid-to-late 1990s, Kaiser Permanente and the Centers for Disease Control and Prevention (CDC) conducted a study that demonstrated the likely impact of ACEs through adulthood. East Tennessee State University (ETSU) has taken a community-based, trauma-informed care (TIC) approach to addressing the impact of ACEs not just within our student population, but within the broader community as well.

Institutional leaders face daily pressure to meet the demands of an increasingly diverse set of stakeholders seeking access to, and results from, our nation's post-secondary system. Presidents navigate requests from trustees, elected officials, policymakers, faculty, staff, parents, and students on a daily basis as they navigate

the myriad tasks and responsibilities associated with the position. Such work is typically framed within strategic planning pillars, cross-referenced to accreditation standards, and further linked to state and federal policy directives. Above and beyond these matters, presidents navigate the enrollment challenges brought about by the demographic cliff, calls to promote affordability and efficiency, and surviving the challenges inherent in the culture wars, while concurrently attempting to keep the diverse constituencies of higher education focused on strategic objectives rather than the issues of the day. The challenge inherent in this work has been magnified by the mental health challenges being reported in the wake of the COVID-19 pandemic.

The pandemic exposed fatal flaws in our mental health and wellness structures and drove home the need for institutions to address issues above and beyond those historically considered part of the public purpose of higher education. Students entering our institutions carry the emotional weight of collective trauma ranging from the disruption and fear caused by the pandemic to the injustices of widespread inequity, and from the trauma induced by publicized displays of police brutality to the anger and violence of political divisiveness. Unfortunately, these issues are only the beginning of the challenges facing many of our students. Increasing numbers enter our institutions weighed down by the burdens of personal trauma they have experienced: witnessing a parent ravaged by substance abuse disorder, feeling the insecurity of a family living in poverty, or struggling through the isolation of an increasingly connected yet culturally divided world. In order for campuses to meet their traditional objectives (enrollment, student success, retention, etc.) institutional leaders must place an increasing emphasis on issues related to campus well-being and must develop interventions that address not only acute issues, but also the often unrecognized problems caused by students' exposure to ACEs.

ACEs include adverse experiences such as abuse, neglect, and household challenges that occur before the age of 18, which can have lasting effects on children as they mature into adults. These effects often lead to disease, disability, and social impediments. Studies have found that the more adverse events a person experiences as a child, the higher the risk for health, social, and economic problems. In essence, ACEs serve as a toxin to brain development and can compromise the brain's structural integrity. Additionally, those with more ACEs are less likely to graduate from high school and far less likely to graduate from college.

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A recent study *on adverse childhood experiences in Tennessee* found that 52 percent of participants had at least one adverse childhood experience, while 21 percent reported having three or more ACEs. This analysis also demonstrated that emotional abuse, separation or divorce, and substance abuse were the most commonly reported ACEs. These issues are carried forward throughout adulthood and represent an underlying cause of the mental health crisis that is emerging across the post-secondary system.

The Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health (2020) uses the nine Bradford Hill Criteria to establish causality between ACEs and poor health outcomes. The nine criteria are strength, consistency, specificity, temporality, biological gradient, plausibility, coherence, experiment, and analogy. The report cites as evidence of strong association between exposure and outcome that "those with four or more ACEs are two to three times as likely to develop ischemic heart disease, stroke, chronic obstructive pulmonary disease (COPD) and cancer, and 11 times as likely to develop Alzheimer's disease or other dementias, compared to those with no ACEs." The report goes on to outline the ways ACEs meet the criteria of causality from Bradford Hill, and it is clear these events in childhood impact personal and public health.

The relationship between an individual's background, and the predominance of ACEs as a component of that background, have economic consequences. The *Sycamore Institute (2017)* found that the predominance of ACEs in adults led to an estimated \$5.2 billion in direct medical costs and lost productivity from employees missing work (*Sycamore Institute, 2017*). Research (*Tennessee Department of Health, 2015*) indicates that individuals with four or more ACEs are more than twice as likely to be out of work and be in the lowest income bracket as compared to a person with zero ACEs. Left unaddressed, ACEs and their effects make it more difficult for a child to succeed in school, live a healthy life, and realize their full potential.

As evidenced in these reports, individuals living with ACEs encounter numerous disadvantages with regard to achieving their full potential, including the many well-

documented benefits from earning a postsecondary degree. This means that students entering college in the next decade will not only need support due to learning loss from the pandemic but will require a system of care that buffers the effects of ACEs. Students will also need specialized education on ways they themselves can identify resiliency factors and become engaged in their own treatment to reach their goals. These reports also indicate that solutions will require multiple governmental and non-governmental agencies working together in a coordinated system of care. Without these interventions, the cultural and economic impacts could be catastrophic for generations to come.

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As higher education professionals, how can we address problems rooted in situations that often occur decades before students or staff arrive on our campuses? How can we help students and staff heal from injuries—often hidden—that they themselves may not even recognize? The answers to such questions have driven the work of an interdisciplinary team of faculty on our campus and are integral to the realization of our strategic planning objectives. This team, the *Strong BRAIN* (Building Resilience through ACEs-Informed Networking) Institute, facilitates the development and dissemination of evidence-based practices that prevent, reduce, or mitigate the harmful effects of ACEs. This institute was created through a partnership with Ballad Health, an integrated community health improvement organization serving 29 counties of the Appalachian Highlands in Northeast Tennessee, Southwest Virginia, Northwest North Carolina, and Southeast Kentucky (the primary service region of ETSU) with an initial investment of \$10 million.

Through the Strong BRAIN Institute, East Tennessee State University is working with community partners to inform our campus and regional employers about the importance of adopting a trauma-informed approach to care, education, and collaboration. Working with more than 250 local organizations and employing the latest brain science, the Strong BRAIN Institute seeks to address the root of the issues children face that may hinder them later in life. A slate of experts has been formed to serve as contributors to the Strong BRAIN Institute, which seeks to provide support across the P-20 continuum and ultimately facilitate a trauma-informed



workforce. These inter-disciplinary experts include full-time researchers and practitioners, faculty members from each of ETSU's ten academic colleges, independent consultants, and human resources professionals. In addition to taking part in strategic planning for the institute, these individuals are helping to transform ETSU's policies, procedures, curricula, and philosophies to promote resilience and mitigate the effects of ACEs among students and staff.

As an institution grounded in a service mission and tracing its roots to a normal school mission, faculty have recognized the need to partner with local school systems to ensure that K-12 faculty and staff are trained in an ACEs-informed environment. Such work aims to guide K-12 administrators in identifying and utilizing trauma-informed tools and resources, connecting evidence-based practices to facilitate social-emotional learning. Faculty from the Strong BRAIN Institute work hand-in-hand with K-12 educators to link medical research to educational practices, thereby developing an understanding of the neuroscience and physiological impact associated with experiencing trauma. This research also explores the intergenerational transmission of maternal mental health and maternal ACEs to child mental health and well-being.

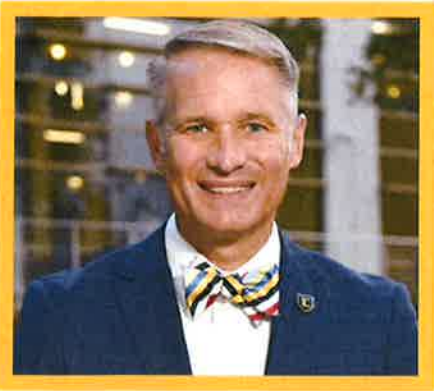
Throughout the community, members of the Strong BRAIN Institute provide education on trauma awareness and resilience. They have given presentations to numerous regional governmental bodies and civic groups. To help communities and organizations address the stress and disruption of the COVID-19 pandemic, they conducted virtual "town halls" to demonstrate skills to facilitate resilience. In addition to the Strong BRAIN Institute contributors, a community advisory council has been formed with representation from multiple sectors, including government, K-12 education, higher education, business, legislative and legal, faith-based, healthcare, and nonprofits.

As a result of such partnerships, several academic programs of study are underway or in development. ETSU's Clemmer College, which houses the Department of Counseling and Human Services, offers a [*minor in trauma and resilience*](#). Strong BRAIN Institute members are planning a certificate program focused on trauma awareness and the mitigation of effects related to ACEs. Additionally, they are working to develop course offerings that will infuse trauma-informed principles into the general education curriculum and appeal to students from diverse disciplines. They also are developing sector-specific training modules to assist learners in applying trauma-informed principles in various organizations, from municipal government to business, from the judiciary system to healthcare practices.

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This work is vital and urgent, and it begins with us—the leaders who have been entrusted to advance our institutions and our communities. To cure the ails of our society, we must go beyond treating the visible symptoms and address the more critical injuries that often lie within. To promote true wellness on campus, we must help our students, employees, and communities recover from the damage of past trauma. The way in which we communicate with one another and the institutional policies we develop all have the potential to improve the outcome of those who have experienced ACEs. A TIC approach is not intermittent. It requires continuous dedication to modeling resiliency and discerning new ways to support our campuses and broader communities.

The lessons that we have learned through the study of ACEs and identification of solutions to help those impacted offer a framework for solving many of the issues facing higher education today. In a recent study published by researchers at ETSU, [*Creating a Communitywide System of Trauma-Informed Care*](#), they identified a three-pronged approach to building a TIC system of a care—advocate, educate, and collaborate. Life is complex, organizations are complex, and maladies like ACEs further add to the challenge of creating equity on the path to prosperity. That complexity can obfuscate potential solutions, just as it does in regards to the issues facing the first-generation, low-income, and minority students we serve; but if we step back and focus on our strategic objectives rather than the issues of the day, the solutions will come—if we remain focused on interweaving resiliency methodologies into our culture and continue to advocate, educate, and collaborate.



About the Author

Brian Noland, Ph.D.

President, East Tennessee State University

Dr. Brian Noland became the ninth president of East Tennessee State University in January 2012. Under his leadership, ETSU embarked upon a series of mission-driven transformative initiatives related to teaching, research, and service. With the construction of the Martin Center for the Arts and Greene Stadium and the renovation of the Culp Student Center and the Interprofessional Education and Research Center, ETSU has launched the largest volume of capital projects in its history.

Sustaining ETSU's focus on regional service, President Noland has partnered with civic and corporate entities to launch Overmountain Recovery, the region's only fully comprehensive treatment and addiction recovery center. In addition, he has secured \$25 million in external funds to create the Center for Rural Health Research, a state center of excellence focused on advancing health and improving the quality of life in rural communities. Recently, he helped forge a partnership with a local health system to establish a first-of-its-kind institute dedicated to promoting the awareness and study of adverse childhood experiences.

Through President Noland's leadership, operational units on campus were restructured to support student success, a move that has yielded greater efficiencies as well as the highest graduation rate in the history of the university. In 2019, he launched "The Campaign for ETSU," a \$120 million comprehensive campaign to support teaching, research, and service.

President Noland has guided the long-term visioning processes for many initiatives at the university as well as the creation of a decentralized budget structure that aligns strategic planning and budgeting. He is a board member for the American Council on Education, the American Association of State Colleges and Universities, Ballad Health, and the Tennessee Valley Authority.

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