Beyond Awareness: Raising Resilience in WNC

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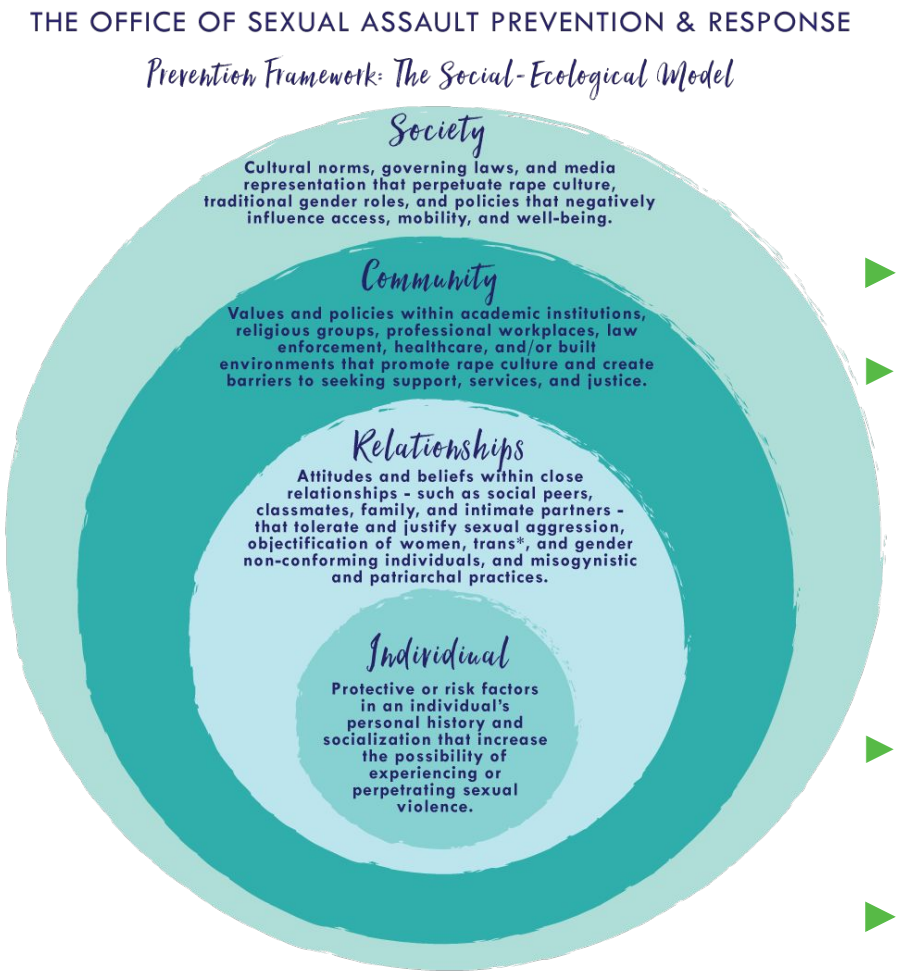
Desired Results

Understand how Adverse Childhood Experiences (ACEs), traumatic events and correlated health issues can be addressed and prevented across levels through community health improvement efforts in Western North Carolina

Agenda

- What are ACES?- Recap. Looking across levels
- Building Resilience: Individual (Scale)
- Building Resilience: Our Relationships (Eco-map)
- Building Resilience: Our Community (Grid)
- What Works in our Communities
- What Might Work to do Better, National Examples
- Resources and Citations

What are Adverse Childhood Experiences or Trauma?



- **Trauma** results from an event(s) or set of circumstances that **is experienced as physically and/or emotionally harmful** or threatening and that **has lasting adverse effects** on the individual's functioning and mental, physical, social, emotional and/or spiritual wellbeing (SAMSA)
- **10 original** ACEs, more have been added over time
- Traumatic experiences can be **for an individual** (abuse/neglect/household problems, deprivation–poverty/hunger/homelessness), **a family or group** (displacement, immigration, loss), **or a community** (disaster, racism and oppression)
- Trauma is in the **eye of the experiencer and is common**. The majority of adults have an ACE score; ¼ have at least 3
- **We can build our strength and resiliency at individual, group and community levels**

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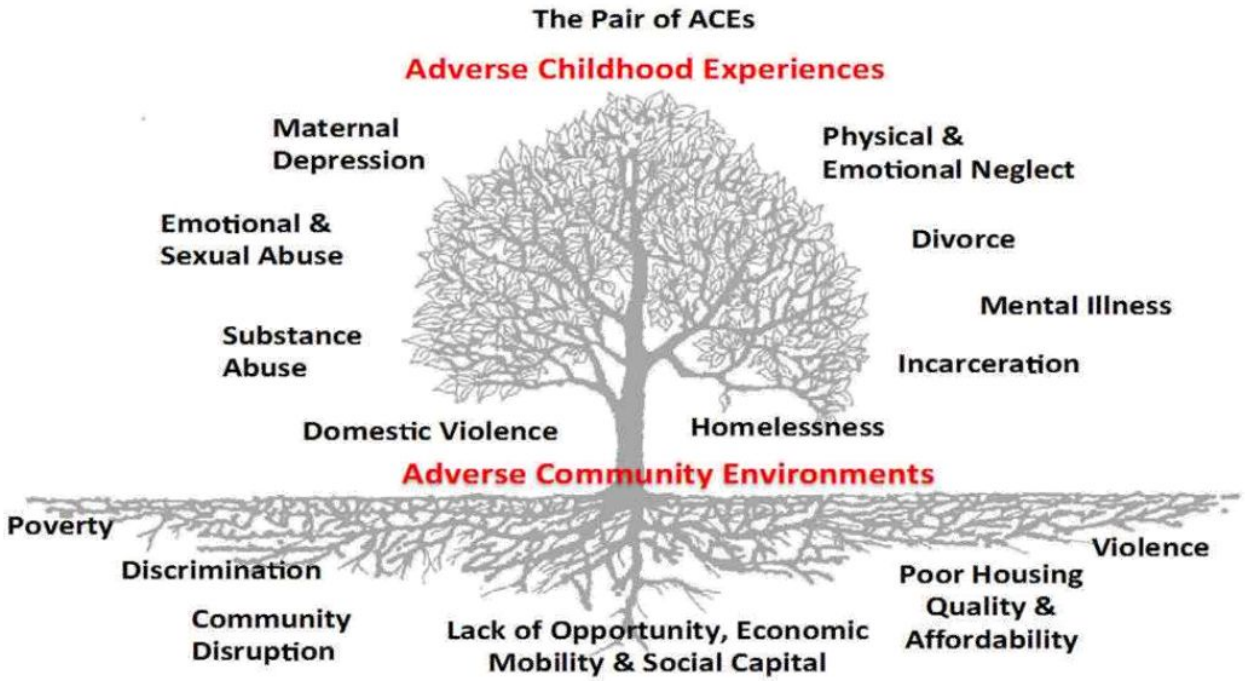
What are Underlying Drivers of ACEs and Trauma?

- **Social isolation** (may contribute to groups at highest risk for experiencing trauma nationally)
  - Characteristics correlated with higher risk: People with **low-income** and **educational attainment**, **people of color**, and people who identified as **gay, lesbian or bisexual** had significantly higher chance of having experienced adversity in childhood (National data); **Gender (female) and location** (NC Data)
- Lack of **economic opportunity** and living wage jobs
- **Social/cultural norms** that hide and perpetuate violence, substance use, mental illness
- Lack of **access to health care** & trauma-informed services, culturally competent services



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Communicating Resiliency Series Part I

https://www.youtube.com/watch?v=DzEBGZzb90k&feature=youtu.be

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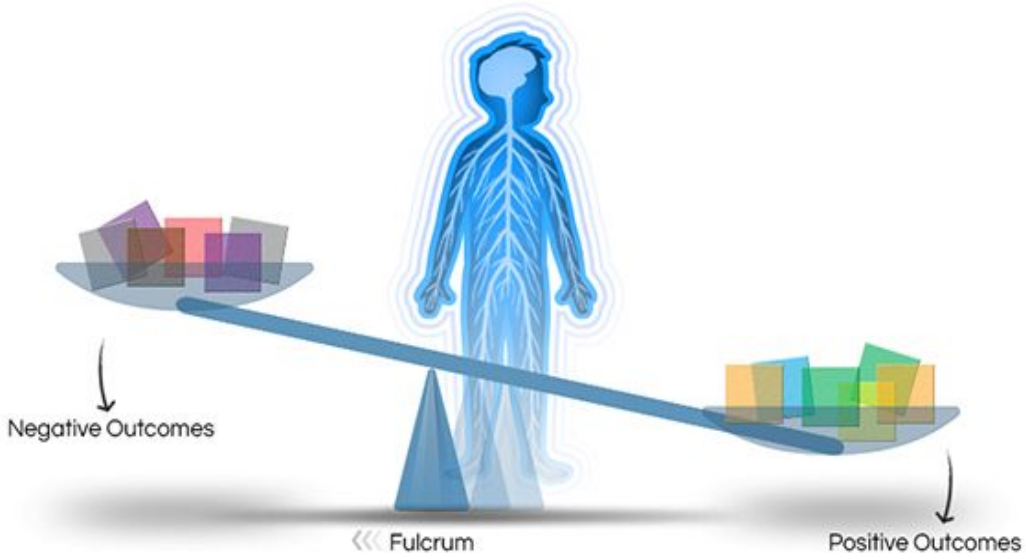
Building Resilience: Individual

- We can **think of our ability to manage** our stress as a scale
- The **fulcrum is our constitution** (genetics, biology, inherent and changing traits) and where it sits is how we are predisposed or affected over time
- By focusing on positive experiences and successfully coping with negative feelings, thoughts and actions, we can **tip our scales in a positive direction**
- **Social and emotional development** are important
- What positive influences and activities help you manage stress? What will you do when you get home to take care of yourself?



Frameworks Resilience Scale Video
https://vimeo.com/106322359

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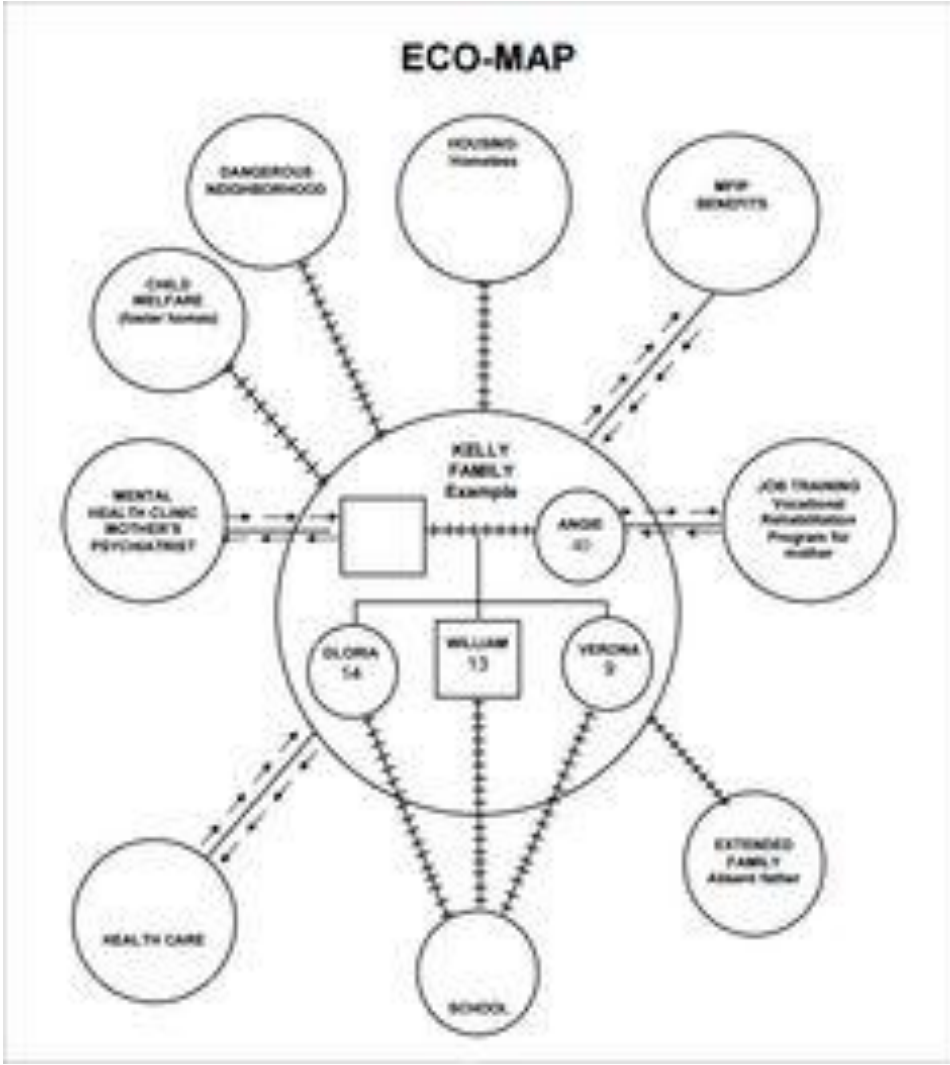
Building Resilience: Family/Group Protective Factors

- Our **primary caregivers and other caring individuals** in our lives help **protects us** and build our abilities to cope
- Parental/Caregiver **presence and support** in times of need
- **Characteristics**, including their knowledge of parenting and child development, how they were parented, their ACEs, risks, behaviors, coping skills
- **How we are valued and taught to value ourselves**, learned behaviors, role models, peers, siblings, mentors



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To address the consequences of childhood adversity, it will be important to develop programs that help children learn healthy coping mechanisms and strengthen families and communities overall. ***"We need to do better job of primary prevention by focusing on emotional learning and promoting safe, stable, nurturing relationships."***

– Andrew Garner, a Professor of Pediatrics at Case Western Reserve University School of Medicine in Cleveland.

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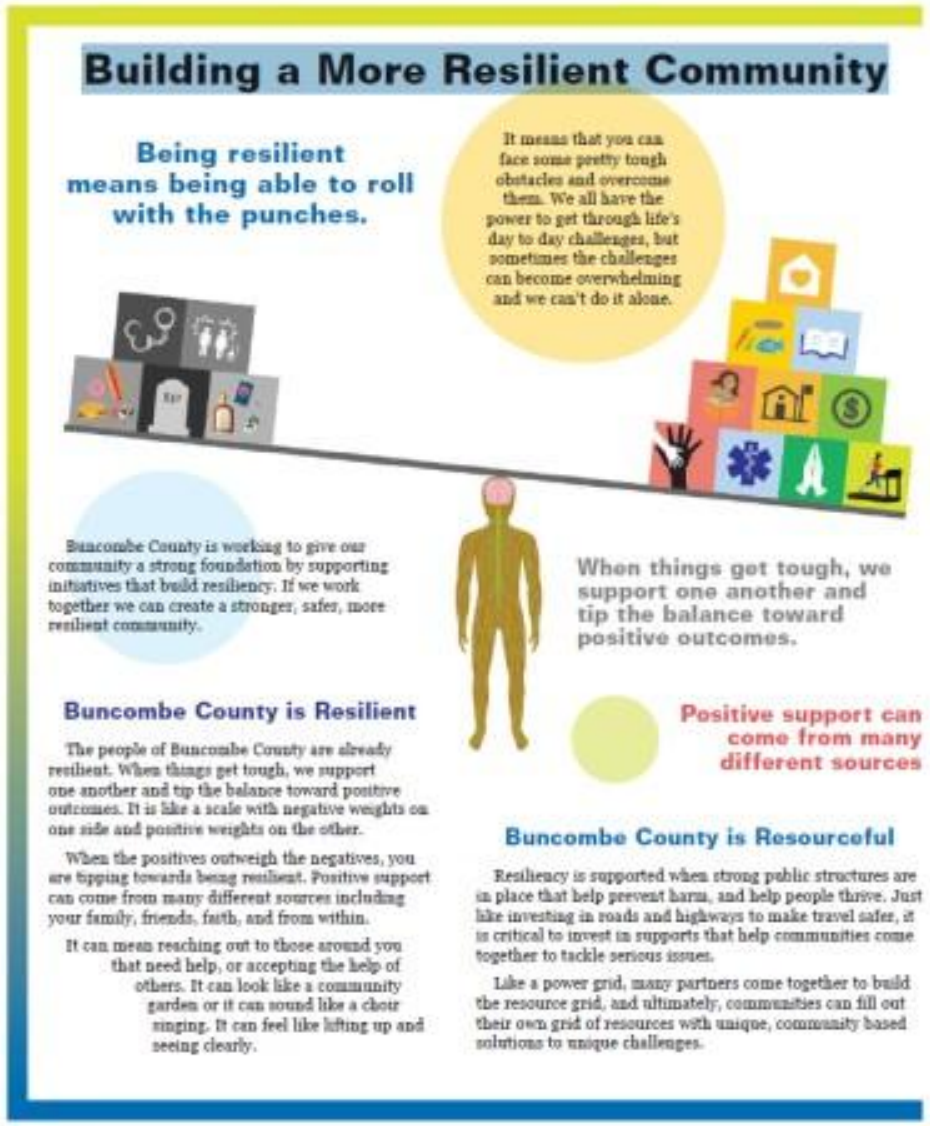
Strategies: Individual and Interpersonal

- **Recognizing our traumas, triggers, coping mechanisms and protective properties**
- **Self care** resources: https://www.healthcaretoolbox.org/self-care-for-providers.html
- **Helping people recognize trauma and triggers and support each other** Recognizing what might trigger others- "trigger alerts"
- **Worksite Wellness**: Ex: Breathing breaks
- Shifting to a **trauma-informed or trauma-sensitive approach**:
  - Moving from "what is wrong with you?" to "what happened to you?" (that this is how you react and cope)



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Building Resilience: Community Resources, Our Network

- Resiliency happens when we live in a community that has **adequate public structures, programs and systems in place** that help prevent harm and respond to hardships
- The strength, stability and availability of our resources make our overall quality of life possible--think of these as a **grid or roots**
- Just like a power grid delivers energy, our **resource grid assures resources are available** and accessible in order to support us to be our best
- We have to monitor the resource grid to assure the flow of resources are available to everyone. These resources anchor us into place and provide context and conditions for the choices we make.
- What public resources and structures protect you from hardship and support your ability to bounce back from major challenges?

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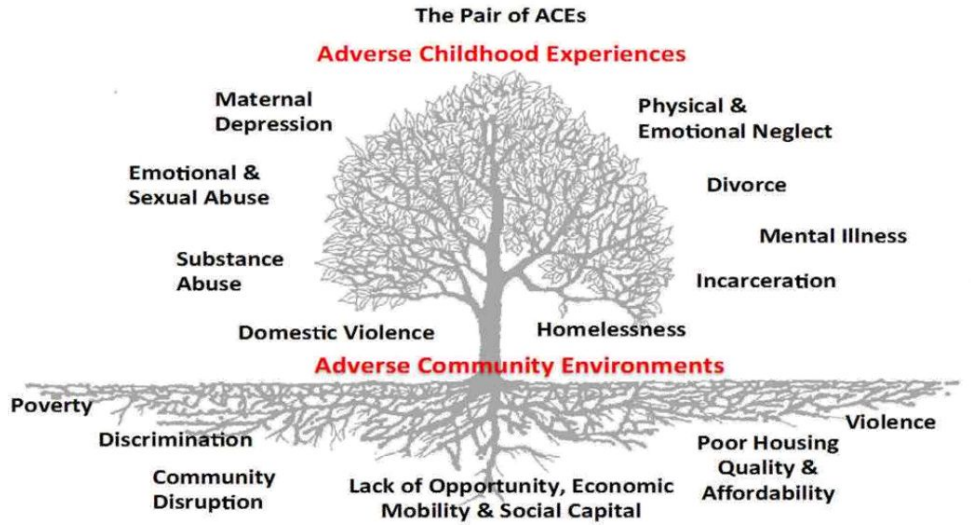
Strategies:
Service, System, Culture and Community

- **Recognizing risk** in our communities & seeing **what's in our soil**?: looking at the WNCHI and local data, looking at larger data sets. ACEs in WNC correlated with Satisfaction, Mental Health, Substance Use; somewhat related to Access to Care & Prevention and some Chronic Diseases. Gender, Sexuality, Poverty, Race may be correlated with higher risk.
- **Exposing inequities** and the services, and systems that perpetuate them
- **Shifting to a trauma-informed or trauma-sensitive approach**: Moving from focus on "risky behaviors" to "affected choices" context, environment, and underlying factors



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"Nobody is immune to adverse experiences in childhood but for some population groups, they're a larger burden of childhood adversity than others," he says. ***"We need to focus on targeting limited resources to the people at greatest risk and making sure those resources go into programs that reduce or mitigate adversity."***

– Jack Shonkoff, Professor of Child Health and Development at the Harvard T.H. Chan School of Public Health

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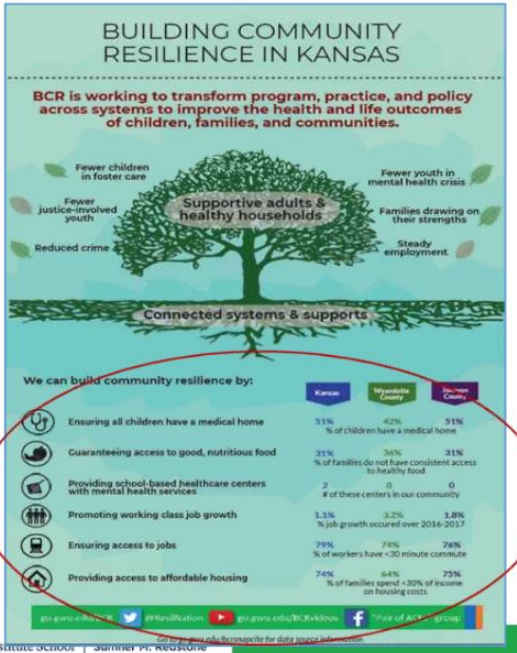
Strategies:
Service, System, Culture and Community

- **Understanding resilience** that is there and **engaging community** in understanding experiences, history, story, strengths
- **Communicating about the risks and resilience** to your partners and communities at large, including policy asks



A Healthy Tree: A Resiliency Story

- Visualizes **community resilience factors**:
  - % of children with a medical home
  - % families with consistent access to good, nutritious food
  - # of school-based healthcare centers with mental health services
  - Steady job growth
  - % workers with <30 minute commute
  - % families spending <30% of income on housing
- Healthy soil (connected systems & supports) → grows supportive adults & healthy households
- Healthy households → **youth outcomes**

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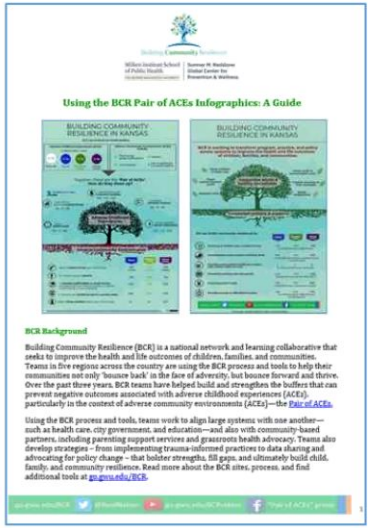
Building Community Resilience

How Do I Customize this to My Community?



- Infographic guide available at **go.gwu.edu/bcrinfographicguide**
- Provides guidance for generating **county-level ACEs estimates**
  - Methodology developed by the Child & Adolescent Health Measurement Initiative (CAHMI)
  - Pairs state-level ACEs data from the **National Survey of Children's Health** (available at www.childhealthdata.org) with county-level **American Community Health Survey data**

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Building Community Resilience

Communicating Resiliency Series Part II

https://www.youtube.com/watch?v=9mh29XR_UTI&feature=youtu.be

Communicating Resiliency part 2

Unlisted

2 views

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Communicating Resiliency

Uploaded on Sep 20, 2018

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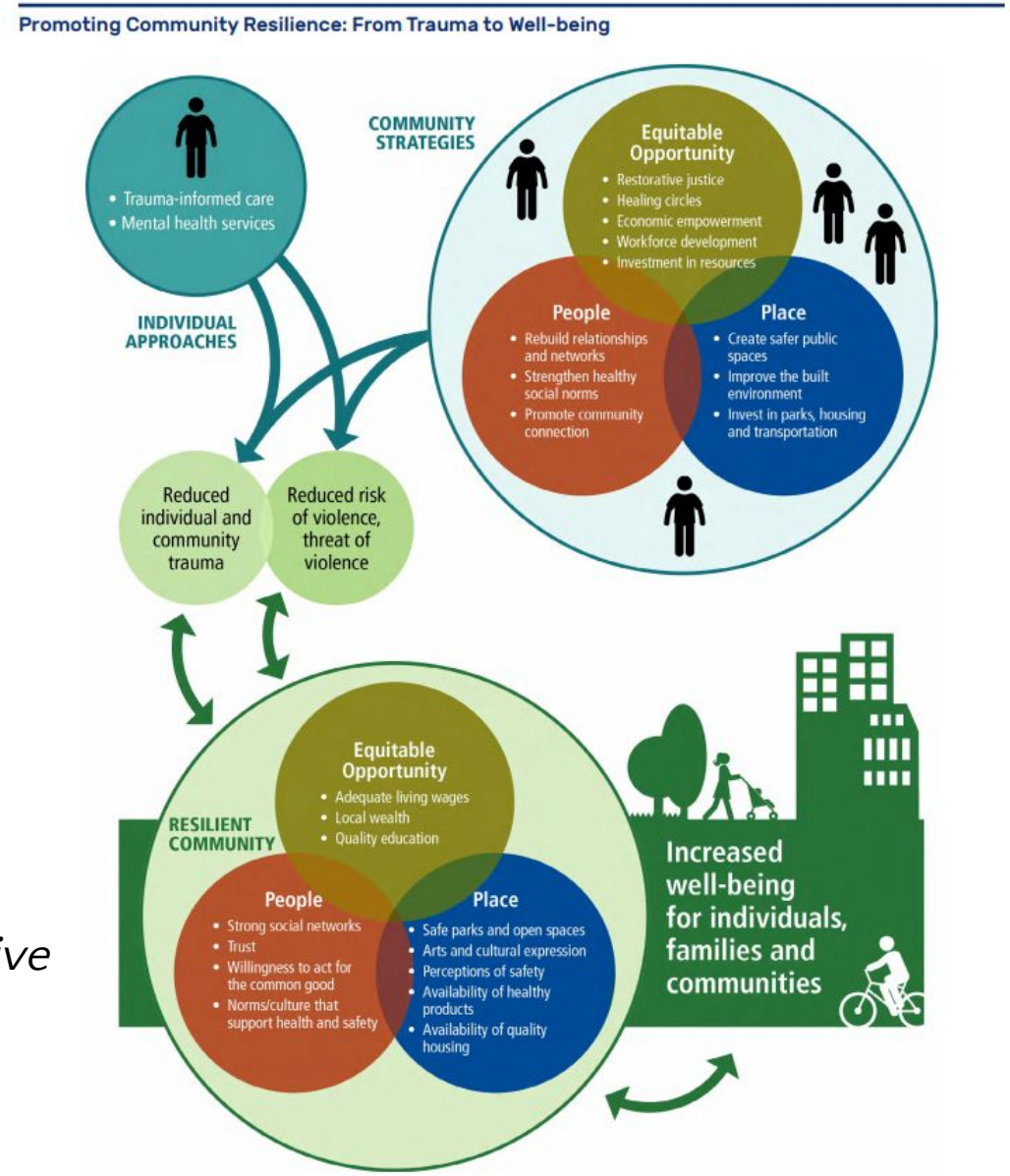
Evidence-based Programs in Our Communities- What works?

- Promoting and implementing **evidence-based and promising programs**
  - **Primary Prevention-** of trauma and the associated diseases
  - **Screening and Assessment-** for trauma and follow up
  - **Treatment**- of trauma and associated health outcomes
  - **Addressing Social Determinants of Health**
  - **Building social cohesion and connectedness**

"To address ACEs, we need a strong foundation that includes supportive families and prepared communities and schools, all of which require investment from all of us. Our systems work best when they work together."

-Voices for Virginia's Children Unified Agenda



Evidence-based Programs in Our Communities- What works? Examples:

- Early Childhood Interventions and development programs, especially for children at high risk (Ex: Head Start and Early Head Start
- Parenting Training (Ex: Triple P Positive Parenting Program)
- Home Visiting Programs (Ex: Nurse Family Partnership, Doulas)
- Chronic Disease Self Management, treatment, and prevention
- Trauma and Risk Screenings at primary care facilities
- Patient-centered Approaches to providing holistic care (Ex: Health homes, Community Health Workers)
- Trauma-informed Care Providers
- Trauma-informed Schools (Ex: Compassionate Schools)
- Worksite Wellness Programs
- Trauma Recovery Programs- treatment for mental health and substance abuse, and abuse, violence and injury recovery and prevention programs (Ex: Our Voice and Helpmate)

National Examples- What might work to do better?

- Washington State Family Policy Council: Community Public Health and Safety Networks
- Trauma-informed Primary Care Initiative
- Health-system Changes (Family-Centered Medical Home)
- Healthy Generations Program: Building Self Healing Communities
- Relaxation Response and other mind body modalities
- Federal Partners Committee on Women and Trauma– efforts to increase the understanding across sectors and settings
- Legal Council for Health Justice
- Fredrick County, Maryland Solutions to ACEs
- Alive and Well Communities http://www.aliveandwellstl.com/

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Resources:

- **WNCHI Priority Area Scorecards with Example Strategies/Programs, Partners and Solutions**
  Chronic Disease - https://app.resultsscorecard.com/Scorecard/Embed/27367
  SDoH - https://app.resultsscorecard.com/Scorecard/Embed/34192
  Substance Use - https://app.resultsscorecard.com/Scorecard/Embed/34114
- **ACE Connections Network** across the US: https://www.acesconnection.com/
- **Adverse Childhood Experiences Presentation Graphics**: Infographics from the CDC that may be used in presentations
  https://www.cdc.gov/violenceprevention/acestudy/ACE_graphics.html
- **Building Community Resilience Resources**: Using the BCR Pair of ACEs Infographics: A Guide and Webinar Recording: go.gwu.edu/pairofaceswebinar
  Pair of ACEs Data Infographic Template: www.go.gwu.edu/bcrinfographicdata

  Pair of ACEs Policy Infographic Template: www.go.gwu.edu/bcrinfographicpolicy

Resources:

- **Resilience Scale**, Frameworks Institute, https://vimeo.com/106322359 Video
- **The Resilience Scale: Using Metaphor to Communicate a Developmental Perspective on Resilience**, A Frameworks Research Report http://frameworksinstitute.org/assets/files/ECD/resilience_em_report_final.pdf
- **What? Why? How? Answers to Frequently Asked Questions about the Adverse Community Experiences and Resilience Framework**, Prevention Institute, https://www.preventioninstitute.org/sites/default/files/publications/What%20Why%20How%20-%20ACER%20FAQ_0.pdf
- **Buncombe County: One Path Toward a Resilient Community**

Joshua Gettinger, Allison Sturtevant-Gilliam, Kim Marmon-Saxe and Susanne Walker Wilson, North Carolina Medical Journal http://www.ncmedicaljournal.com/content/79/2/104.abstract

- **We Can Prevent ACEs (Video)**

Centers for Disease Control and Prevention (CDC), Published on Apr 5, 2018

- **National Policies/Programs Examples** Health Brief: ACEs for Health Systems and Providers

http://www.hmprg.org/assets/root/ACEs/Health%20Policy%20Brief.pdf

Citations

Definition of trauma from: SAMHSA-HRSA Center for Integrated Health Solutions. Trauma. (n.d.).

http://www.integration.samhsa.gov/clinical-practice/trauma

Five key underlying drivers of the opioid crisis

https://blog.oup.com/2018/05/underlying-drivers-opioid-crisis/

Childhood Trauma And Its Lifelong Health Effects More Prevalent Among Minorities

https://www.npr.org/sections/health-shots/2018/09/17/648710859/childhood-trauma-and-its-lifelong-health-effects-more-prevalent-among-minorities?sc=tw

Fredrick County Adverse Childhood Experiences (ACEs)

http://health.frederickcountymd.gov/566/Adverse-Childhood-Experiences-ACEs

Health Brief: ACEs for Health Systems and Providers

http://www.hmprg.org/assets/root/ACEs/Health%20Policy%20Brief.pdf

Mobilizing Action for Resilient Communities (MARC) Infographs

Thank you for all you do to build resilience!

#resilientWNC

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