Building Community Resilience (BCR) is a George Washington University led national collaborative and network seeking to improve the health and wellbeing of children, families, and communities across multiple generations. Teams throughout the country are fostering measurable change using the BCR process, tools and resources to help their communities not only ‘bounce back’ in the face of adversity, but bounce forward.

Fundamental to the BCR process is building and strengthening buffers to prevent negative outcomes associated with adverse childhood experiences (ACEs), particularly in the context of adverse community environments (ACEs)—the ‘Pair of ACEs’. This is achieved through alignment and adjustment of large systems—such as health care, city government and education – and, critically, through partnership with community, including parenting support services and grassroots advocacy.

The Problem
Across the country, parents, families and communities face the challenge of achieving or maintaining good health in the face of daunting adversity. Childhood adversity or trauma such as exposure to abuse and neglect, parental substance abuse and incarceration are often rooted in community environments lacking equity, as measured by concentrated poverty, poor housing conditions, higher risk to violence and victimization and homelessness. These are adverse childhood experiences occurring in the context of adverse community environments – what BCR has coined the ‘Pair of ACEs.’ These inequitable community conditions provide little access to the support and buffers that enable resilience. The effects are compounded, negatively impacting health and other outcomes across a lifespan, and over multiple generations. BCR recognizes that adverse community environments are often the result of policies and practices across multiple systems that were designed for the place-based inequities they produce.

The BCR Approach
Until now, no process has existed to create a multi-sector response to address the Pair of ACEs or the policies and practices driving the inequitable outcomes they produce. Using the BCR process, tools and resources, community partners across the country are bringing together diverse coalitions to address long-standing inequities, communicating ACEs as a national public health concern, and shaping policy, practice and programs to support and build resilience. BCR employs a systematic approach based on four central components. These are applied as a continuous improvement model: creating shared understanding of childhood and community adversity, assessing system readiness, developing cross-sector partnerships, and engaging families and community residents in a collaborative response to prevent and mitigate the Pair of ACEs.

Free Tools & Resources
Learning from BCR teams across the country, BCR has developed multiple online resources and tools, including a Policy & Advocacy Guide, a Communications & Coalition Building Guide, and made them free for use to enable spread and uptake for broad systems change across communities. See the “BCR Tools and Resources” section on our website: go.gwu.edu/BCR.
Partnering with Local Public Health

BCR is partnered with the National Association of City and County Health Officials (NACCHO) to align efforts aimed at reducing childhood and community adversity by connecting BCR teams and local health department leaders using NACCHO’s Mobilizing Action through Planning and Partnerships (MAPP) process. MAPP is a community-wide strategic planning process that provides a framework, guidance and structure for developing healthy and equitable communities. With a shared focus on data, community and public systems (such as education, child welfare, juvenile justice and housing), the BCR-NACCHO partnership is working to build and strengthen community and multi-sector partnerships.

BCR Implementation and Evaluation: ACEs Prevention & Resilience Building Programs

BCR coalitions implement evidence-based programs and initiatives aimed at addressing the Pair of ACEs at the community level and/or individual interventions designed to prevent childhood adversity, prevent illness, and build resilience. The national BCR collaborative provides technical assistance, consultation, and peer-to-peer support to accelerate learning and empower teams for program implementation. The national BCR collaborative also develops tools and strategies that are shared among the collaborative partners. Finally, the national BCR collaborative evaluates the cohort’s ability to implement programs and the BCR model’s effectiveness in a diverse range of settings, as well as the effectiveness of BCR tools and resources.

BCR Planning: Strategic Readiness and Launch of Regional Networks & Coalitions

Applying a systematic approach, site-based teams establish a cross-sector coalition of partners that address the root causes of childhood and community adversity. Through this process, teams in the BCR collaborative promote practice, program and policy change by helping city leaders, public agencies, social service and health care providers and community partners coordinate to promote healthy social emotional development for children and their families. Each local network works both internally and with external partners to establish a common language – a shared understanding – around adverse childhood experiences, adverse community environments, and the concept of community resilience. Partner organizations learn how to use communications and advocacy tools and apply them with a diverse range of audiences in order to increase awareness of the Pair of ACEs across their coalition and community. They identify community resource gaps and assets to determine capacity for action, and collect data that can be shared among partners to build resilience. Local network partners also identify policy gaps and opportunities for advocacy at the local, county and state levels with technical assistance and guidance from the national BCR team.

BCR Networks & Collaborators

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Pair of ACEs Tree

Background

The BCR Pair of ACEs tree image grew out of the need to illustrate the relationship between adversity within a family and adversity within a community. The leaves on the tree represent the ‘symptoms’ of ACEs that are easily recognized in clinical, educational and social service settings, such as a well child visit or a pre-school classroom. Adverse childhood experiences can increase a person’s risk for chronic stress and adverse coping mechanisms, and result in lifelong chronic illness such as depression, heart disease, obesity and substance abuse. Physical or sexual violence, and abuse or neglect are often less obvious but can exist as chronic stressors.

The tree is planted in poor soil that is steeped in systemic inequities, robbing it of nutrients necessary to support a thriving community. Adverse community environments such as a lack of affordable and safe housing, community violence, systemic discrimination, and limited access to social and economic mobility compound one another, creating a negative cycle of ever worsening soil that results in withering leaves on the tree.

Purpose

The Pair of ACEs tree resource was created to communicate – in simple terms – the issues we aim to address. By doing so, we are able to more readily engage diverse stakeholders in developing policy goals—policies that will support efforts to address adversity that is embedded in communities, but have their roots in systems. The way you talk about this tree can be customized to fit your community needs so that you may build tailored, clear and concise communications to move the systems
and practice change forward. In the policy arena, the Pair of ACEs tree illustrates the problem you are trying to solve, but also provides a framework to begin to discuss how you may measure efforts designed to solve the problem.

Success Stories

BCR partners across the country are successfully using the Pair of ACEs tree and other BCR communications tools and strategies to engage partners. Together, these communities are setting goals and implementing policy and practice change that builds community resilience.

- The Dallas BCR coalition is working across Dallas to improve the health and wellbeing of children and their families. They are using BCR tools and strategies to pilot test community-based approaches for addressing the Pair of ACEs in South Dallas. At the same time, they are working closely with city leaders at the systems level to address ACEs in the community.

- Keep Oregon Well is the statewide mental health campaign of Trillium Family Services and one of the BCR Oregon initiatives. The coalitions’ other activities include efforts to build a trauma-informed culture at The Faubion School. In addition to their work in serving some of Portland’s most vulnerable children, Trillium Family Services has been an effective advocate with the state legislature on behalf of providers and the families they serve. Trillium has used a number of BCR strategies to communicate across a wide range of community partners in its ongoing effort to spark change at the community level.

- Joining Forces for Children (JFFC), the Cincinnati BCR coalition led by Cincinnati Children’s Hospital relies on the strength of its partners to reach collective impact. From policy advocates and health care directors to home health workers and community leaders, the diverse partnership is positioned to prevent and reduce the trauma associated with adverse childhood experiences across the Tri-State region. JFFC used BCR communications strategies to identify specific stakeholders and the develop messaging to galvanize this network of partners in efforts to address and prevent childhood adversity.

Read more about BCR coalitions at go.gwu.edu/BCR.
Across the country, parents, families and communities face the challenge of achieving or maintaining good health in the face of daunting adversity. Childhood adversity or trauma such as abuse and neglect, parental substance abuse and incarceration, oftentimes are rooted in community environments lacking equity as measured by concentrated poverty, poor housing conditions, higher risk to violence and victimization, and homelessness. These inequitable community conditions provide little access to support or buffers that support resilience.

### The Pair of ACEs

Adverse childhood experiences in the context of adverse community environments continuously assault the developing minds of children and negatively impact health across the lifespan. These negative impacts include higher risk for mental health problems, early initiation of drug and substance abuse, school dropout, juvenile delinquency, risky sexual behavior and teen pregnancy.

In Building Community Resilience, we understand that many adverse childhood experiences can be linked to policy and systems driven inequities. Many of these policies are driven by and reinforce institutional racism. The resulting inequities include lack of access to economic mobility that may allow families to secure safe and affordable housing and living wages.

### Inequity by Design

Adverse community environments are the result of policies and practices across multiple systems that were perfectly designed for the place-based inequities they produce. Many of the nation’s poor live in communities of concentrated poverty not by choice, but rather by design – the cumulative result of social and criminal policies enacted over the course of our nation’s history. For example, federal policy and lending practices in the real estate industry in the early 20th century supported housing segregation – creating patterns of racial and economic segregation that persist today. These policies combined with the inequitable enforcement of policies across criminal justice (enforcement and incarceration) and public education (funding) also help to explain the place-based differences in who is arrested, length of incarceration and odds of completing high school and attaining higher education.

For more information contact: wendye@gwu.edu or go to go.gwu.edu/BCR
BCR Tools & Resources

Visit us at go.gwu.edu/bcr to download all tools & resources!

BCR Policy & Advocacy Guide
A guidebook packed with information and tools that will help you develop effective policy and advocacy strategies for building community resilience.

Infographic Templates
Customizable templates that allow users to insert key local data to visualize their community’s Pair of ACEs, strength and resilience factors, and policies for building community resilience. A companion guide provides detailed instruction on how to obtain local data for the infographics.

BCR Site Snapshots
A concise and informative view into the 5 BCR sites across the country. BCR site snapshots highlight each community’s local context and innovative programs, practices, and policy changes for building resilience.

BCR Videos
Watch stories of resilience building efforts across the country, updates on strategies and priorities of the BCR collaborative, as well as testimonies from our partners and community members.

BCR Coalition Building & Communications Guide
These guides are designed to help communities and grass roots initiatives foster dialogue and develop a critical foundation of shared understanding for childhood adversities and resilience-building strategies.

Partner Build Grow Tools
A companion to the BCR Coalition Building & Communications Guide, the Partner Build Grow tools booklets provides detailed instructions on how to use the Partner Build Grow tools for building community resilience. The four tools include: Mapping Assets, Identifying Potential Partners, Policy Barriers and Opportunities, and Policy Conversation.
Adverse Community Environments (ACEs) include:

- Poor housing quality & affordability
- Violence
- Discrimination
- Lack of opportunity & economic mobility

Together, these are the "Pair of ACEs". How do they show up?

% children 0-17 who...

- have experienced economic hardship: 26% 24% 20%
- lived with an adult with mental illness: 5% 4% 5%
- had a parent in jail: 4% 4% 4%
- witnessed domestic violence: 4% 4% 4%
- whose guardian abuses substances: 5% 4% 6%

Rate of violent crimes (per 100,000 ppl)

- New York: 394 crimes
- Albany County: 348 crimes
- Schenectady County: 429 crimes

% children living in poverty

- New York: 21%
- Albany County: 13%
- Schenectady County: 19%

% severely unaffordable or unsafe homes (monthly costs over 50% of income, no kitchen, no plumbing, or over-crowding)

- New York: 24%
- Albany County: 15%
- Schenectady County: 14%

% families with limited access to a grocery store

- New York: N/A
- Albany County: 23%
- Schenectady County: 27%

Rate of drug overdose deaths (per 100,000 ppl)

- New York: 15
- Albany County: 13
- Schenectady County: 20

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BUILDING COMMUNITY RESILIENCE IN NEW YORK

BCR is working to transform program, practice, and policy across systems to improve the health and life outcomes of children, families, and communities.

Ensuring all children have a medical home
Guaranteeing access to good, nutritious food
Providing school-based healthcare centers with mental health services
Ensuring access to jobs
Providing access to affordable housing

We can build community resilience by:

- Fewer children in foster care
- Fewer youth in mental health crisis
- Fewer justice-involved youth
- Families drawing on their strengths
- Reduced crime
- Steady employment
- Supportive adults & healthy households
- Connected systems & supports

New York
Albany County
Schenectady County

- 52% % of children have a medical home
- 47% % of children have a medical home
- 53% % of children have a medical home

- 67% % of families have consistent access to healthy food
- 68% % of families have consistent access to healthy food
- 73% % of families have consistent access to healthy food

- 113 # of these centers in our community
- 1 # of these centers in our community
- 0 # of these centers in our community

- 50% % of workers have <30 minute commute
- 79% % of workers have <30 minute commute
- 66% % of workers have <30 minute commute

- 60% % of families spend <30% of income on housing costs
- 68% % of families spend <30% of income on housing costs
- 68% % of families spend <30% of income on housing costs

Go to go.gwu.edu/bcrsnapcite for data source information.