



## Building Community Resilience: DC-Maryland-Virginia Region November 2019

*“Although there is a wealth of opportunity for advancement here in the nation’s capital, many of these resources do not reach the communities that need it most. Through the support of Building Community Resilience, we have been able to garner insight into the lives of our patients beyond what we can gather in our usual 15-minute office visit. Through this enlightening process, our team has learned how we can best support the communities we serve to continue to thrive amidst adversity.”—Dr. Nia Imani Bodrick, Community Pediatrician, Children’s National Health System.*

### The DC-Maryland-Virginia BCR Network

The Building Community Resilience process serves as a central strategy and organizing platform to improve child health and wellness outcomes in the national capital region, including Northern Virginia and Baltimore, Maryland. The National BCR staff based at the Sumner M. Redstone Global Center for Prevention and Wellness at George Washington University’s Milken Institute School of Public Health act as the organizing partner for local BCR efforts, which expanded in 2019 to Baltimore, MD, through collaboration with the Center for Urban Families, and Fairfax County, VA, through collaboration with the county public health department.

In addition to the Center for Urban Families and Fairfax County Public Health, key partners in the DMV include the Ward 8 Health Council, the Center for Health and Health Care in Schools at GW’s School of Public Health, the Rodham Institute at GW School of Medicine & Health Sciences, Martha’s Table, ROOT (Reaching Out to Others Together), Good Foods Market, and Trinity Washington University. Another key local partner is the Early Childhood Innovation Network (ECIN), a collaborative of health, education, and community providers promoting resilient families from pregnancy through age five in DC, which includes a wide array of [local partners](#) ([www.ecin.org/team](http://www.ecin.org/team)). The DC Resilience Office, the Office of Neighborhood Safety and Engagement, the Office of Victims Services and Justice Grants and the Office of East of the River Services in the Executive Office of the Mayor, the Office of the Attorney General, and clinicians and staff from Children’s National Hospital, Medstar Georgetown University Medical Center and Unity Health Care, Inc. are also important local partners.

### The Community Context

In recent years, the Washington, DC region has seen rapid growth – in population, development, investment, and

### What is Building Community Resilience?

Building Community Resilience (BCR) is a national network and learning collaborative that seeks to improve the health and life outcomes of children, families, and communities. Teams in six regions across the country are using the BCR process and tools to help their communities not only ‘bounce back’ in the face of adversity, but bounce forward. Over the past four years, BCR teams have helped build and strengthen the buffers that can prevent negative outcomes associated with adverse childhood experiences (ACEs), particularly in the context of adverse community environments (ACEs)—the [Pair of ACEs](#).

Using the BCR process and tools, teams work to align large systems with one another—such as health care, city government, and education—and also with community-based partners, including parenting support services and grassroots health advocacy. Teams also develop strategies – from implementing trauma-informed practices to data sharing and advocating for policy change – that bolster strengths, fill gaps, and ultimately build child, family, and community resilience. Teams identify community strengths and gaps, work in partnership with community not on community, develop a shared understanding of adversities and goals, and identify concrete policy asks to pursue. The teams use the BCR tools and resources, including the BCR Coalition Building and Communications Guide, the Partner Build Grow Action Guide, and the Policy & Advocacy Guide, all of which are also free to the public.

BCR is part of the Sumner M. Redstone Global Center for Prevention and Wellness at the George Washington University’s Milken Institute School of Public Health. The national BCR team at GW provides technical assistance, including strategic planning, facilitation of cross-sector information sharing, support for data and measurement, development of policy strategies, convening, and communications support.



property values – but not all residents are prospering. Stark inequities, fueled in part by the District’s status as the U.S. city with the highest ‘intensity’ of gentrification – has seen more than 35,000 African American residents displaced 2000-2019 in DC alone – according to a recent study. The contrast in prosperity in the District is most visible east of the Anacostia River (Wards 7 and 8), a predominantly African-American area. Despite dramatic increases in median income in other parts of the city, incomes in these areas have decreased in the last 10 years. In Wards 7 and 8, nearly 40 and 50 percent of children live in households below the poverty line, respectively. Rates of chronic disease are twice as high in these wards compared to the city as a whole and life expectancy is 17 years less in comparison to the wealthiest Wards. As with national trends, opioid overdose deaths have increasingly become a public health priority in the region. In 2017, Washington, DC had the third highest rate of overdose deaths in the country, with neighboring Maryland having a rate nearly twice the national average.

As a region, community violence continues to cause concern among residents and policymakers. In Baltimore, the District, and Northern Virginia, black males are disproportionately the victims of gun-related violence. After the civil unrest that took place in Baltimore in the aftermath of the death of Freddie Gray while in police custody in April 2015, the city has experience more than 300 homicides every year—the most violent period in Baltimore’s history. With the exception of 2012, there have been at least 100 homicides in DC every year since 1999.

In addition, many residents across the region have limited employment opportunities, and other structural barriers to health. In DC’s Wards 7 and 8, residents face inadequate public transportation and a significant “grocery gap,” with just three stores for more than 150,000 residents compared to 50 in the rest of the city. Closure of the obstetrics ward at United Medical Center has also significantly decreased access to maternal and prenatal healthcare east of the river.

Communities across the region are also some of the most diverse in the country. In 2017 nearly 14% of Washington, D.C.’s residents were born in another country, many of them from El Salvador, Guatemala and Honduras. Over 30% of Fairfax County residents were born outside of the U.S. and nearly 40% of households speak a language other than English at home.

Despite structural and systemic adversity, community members have many assets to draw upon, including strong family and community networks, access to high-quality, community-based services, relatively high rates of health insurance coverage and expanded preschool options for 3 and 4-year-old children in DC and Maryland.

### **Adapting & Growing through the BCR Process**

To address the Pair of ACEs, the DMV BCR network approaches its work through an equity lens, collaborating with partners across a range of sectors that impact child, family, community health and safety, and policy outcomes. The network engages partners in the medical community, community-based organizations, multiple universities, and government – including departments that manage health and education, early learning centers and juvenile justice.

#### *Policy Engagement as a Means to Address the Pair of ACEs*

The BCR national team, in partnership with the broader DC BCR team, engages with local policymakers in city council, as well as in the Executive Office of the Mayor, the Office of the Attorney General and government agencies to educate them on the Pair of ACEs and support trauma-informed policy, practice and programs for children and families. In partnership with longstanding local partner, GW’s Center for Health and Healthcare in Schools, the national BCR team is supporting a policy task force and local policy agenda, including priorities around DC Council’s sustained funding for trauma-informed policies, specifically, the Birth to Three for All DC law and recommendations of the Coordinating Council on School Mental Health.

Throughout 2018-2019, DC BCR partners provided expert guidance to DC City Council in crafting legislation to expand and support ACEs work in the District, with a focus on linking ongoing violence prevention work with trauma-informed interventions and supports that promote family well-being and resilience. In early 2019, the DC BCR partner network was presented with the opportunity to collectively develop legislation to scale and coordinate promising practices to

address ACEs and reduce community violence. The legislation developed by the group is expected to be considered by the City Council later in 2019.

This local policy expertise is also leveraged within the broader DMV region as well. With the addition of Baltimore to the network, BCR national team members have connected with members of the Baltimore City Council to identify policy opportunities connected to trauma-informed care and cross-sector partnerships. BCR has also provided support in efforts to move state-level legislation to make the Maryland Child Support system more equitable for low-income families, particularly families with an incarcerated or returning citizen parent. In 2019 the expanded DMV network partners have also begun work to further map and identify targets for policy change and advocacy. In identifying opportunities, partners are looking to model policies from other communities to develop substantive policy recommendations to apply locally in jurisdictions across the region.

In 2018 and early 2019, the local DC BCR network broadened significantly with new partnerships rooted deeply in community. Notably, partnerships with the Ward 8 Health Council, GW's Rodham Institute, Good Food Markets, Trinity Washington University, and Martha's Table were established. In particular, these new BCR partners are comprised of individuals from and directly serving the communities bearing the greatest burden of the Pair of ACEs in DC, and therefore, will have the strongest solutions for resilience and equity building.

As part of this expanded engagement, in 2019 BCR partner Martha's Table worked in conjunction with the BCR national team to create a gaps analysis, pairing "resource", "outcome", and "knowledge" gaps with potential policy levers. Building on this collaborative work, the network is creating a community engagement strategy with Martha's Table to identify and further deepen grassroots connections within each area.

In addition, collaboration has begun with Baltimore's Center for Urban Families around supporting fatherhood in African-American families and communities through increased economic opportunity, family stability and advocacy for family centered child support reform. More recently, the Opportunity Neighborhood initiative in Fairfax County, VA is working with the BCR national team to implement the BCR process in the development of shared understanding within their communities and to deepen their community engagement, particularly in the most underserved area of the county.

#### *Identifying Community Stressors & Development of the Root Causes Project*

In DC, the Root Causes Community Dialogue Project was born in 2017 as an outgrowth of focus groups conducted by BCR to understand the community perspective of barriers to health and wellbeing. Initial focus groups conducted at Unity Health Care – a neutral, trusted community resource and BCR partner – with patients living east of the Anacostia River (Wards 7 and 8) revealed that tension between community and metropolitan police is a stressor felt daily in interactions with police officers on community streets and compounded by community violence. As a result, the national BCR team created the Root Causes project to begin to understand these community-police dynamics, as well as potential solutions to reduce tensions and build community resilience. Throughout 2018, the BCR National team developed partnerships with Reaching Out to Others (ROOT), a longstanding and trusted community-based organization, the DC Metropolitan Police, and the National Office of Black Law Enforcement Executives. In 2019, five focus groups were conducted with youth aged 16 to 21 and separately with metropolitan police officers in collaboration with key staff at the DC Department of Parks and Recreation at Bald Eagle Recreation Center in Ward 8. Following up on Root Causes momentum, BCR convened a group of key partners and stakeholders in mid-October to discuss how to support and align work across critical government agencies, including the Office of Victim Services, Office of Neighborhood Safety and Engagement, East of the River Services, and the Office of the Attorney General, to address community violence with the DC BCR partners.

#### *The Early Childhood Innovation Network*

The Early Childhood Innovation Network (ECIN) ([www.ecin.org](http://www.ecin.org)), which focuses on families from pregnancy through children up to age five, continues to be a critical partner to ensure adults in the caregiver role—parents, family members, educators, and health providers—have the knowledge and resources to improve outcomes for their children.

To address exposure to the Pair of ACEs, ECIN is implementing trauma-informed approaches to engage families, community organizations, and the broader ‘system of care’, and push for systemic change to improve early childhood health, developmental and learning outcomes. Through collaboration with Children’s Law Center and ZERO TO THREE, a national early childhood organization, ECIN also has advocated for federal funding of early childhood and maternal mental health programs.

### *HealthySteps Program and Expansion*

HealthySteps DC embeds an early childhood mental health specialist and family service associate in Children’s Health Centers in Ward 8. HealthySteps supports families through parenting guidance, support between visits, screening and referrals to community resources, and care coordination – all tailored to each family’s needs. Since launching HealthySteps DC almost three years ago, the HealthySteps team has served approximately 1,500 children. ECIN implements an enhanced version of the national model by providing parents and caregivers with brief clinical sessions on parent mental health, child behavior, sleep hygiene, grief and loss, and positive parenting practices.

### **Next Steps**

Throughout all of its work, the DC team is focused on establishing long-term sustainability, working to align and connect existing services and to support capacity building, and also to advance policy, practice and program change that supports resilience and equity. Building upon lessons learned from the second wave of the Root Causes focus groups, the DC BCR team will continue exploration of deeper connections with external services, including the Metropolitan Police Department and community anchors, such as the Department of Parks and Recreation at Bald Eagle Rec Center. Ultimately, the Root Causes project will seek to identify solutions with community and police to address the Pair of ACEs and eliminate deep-seated tensions that are not only counterproductive, but pose a public health threat. Children’s National will continue its multifaceted approach to address childhood adversity and trauma, including continued dissemination of trauma-informed and provider wellness case-based modules for healthcare practitioners. In addition, they are exploring feasibility of clinic and/or hospital wide screening for adversity and resilience.

With long-term sustainability in mind, the DC BCR team continues to develop relationships with trusted provider organizations in DC and to explore and deepen relationships with DC government in an effort to embed the BCR work into DC city systems and agencies. This includes continuing conversations with the Office of the Attorney General, the Office for Victims Services and Justice Grants, the Office of the State Superintendent of Schools, DC Health, The Lab @ DC (a relatively new District endeavor that aims to harness public data to inform policy) and others.

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