



Building Community Resilience: The Greater Cincinnati Tristate Region November 2019

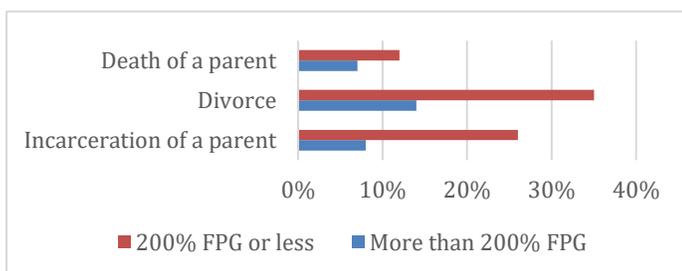
“Joining Forces for Children aims to improve child health and wellness by strengthening the protective factors that build resilience in children and their families. Over the last two years, we have seen this work strongly resonate with – and inspire – parents, social service providers, educators, health care providers, and community members. Most exciting is the energy and effort contributed by individuals and organizations as we collaborate to improve outcomes for our community and children.” - Dr. Bob Shapiro, Division Director, Mayerson Center for Safe & Healthy Children, Cincinnati Children’s Hospital Medical Center

The Greater Cincinnati Tristate Region’s Core BCR Team

In the greater Cincinnati region, the Building Community Resilience process serves as a strategy and organizing platform to improve child health and wellness outcomes across the tristate region. [Joining Forces for Children](#), the regional initiative participating in the Building Community Resilience (BCR) learning collaborative, is spearheaded by The Mayerson Center for Safe and Healthy Children at Cincinnati Children’s Hospital Medical Center and spans multiple counties in Ohio, Kentucky and Indiana. Joining Forces for Children (JFFC) includes over 50 organizations and 600 members from school systems, social service agencies, medical providers, parenting support organizations, early childhood professionals, home visitation services, and many other stakeholders.

The Community Context

Children, families, and communities in the greater Cincinnati region face many challenges that increase the likelihood of negative health and other life outcomes. For example, Cincinnati children experience neighborhood violence or have had an incarcerated parent at more than double the national averages, according to 2016 National Survey for Children’s Health data. Cincinnati also has one of the highest child poverty rates in the nation. In the 2017 Child Well-Being Survey (CWBS), it was found that for our region, these adverse experience are more common in households earning less than 200% of the Federal Poverty Guidelines (FPG).



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 five 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 three 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.



Finally, the Ohio Valley is also ground-zero for the nation's opioid epidemic, which has taken an unprecedented toll on families, communities, and the region's major systems, from mental health and substance abuse programming to education, foster care, and public safety. While these challenges exist, Greater Cincinnati also has many essential strengths and assets that the local BCR coalition is lifting up and building upon, including increased investments at state and local levels for trauma-informed systems building, a heightened focus on family-centered solution designs, and strong community driven focus on multi-generational approaches to build resilient families.

Adapting & Growing through the BCR Process

In 2015, Joining Forces for Children (JfFC) developed a five-year strategic plan that "incorporates the concepts involved in adversity reduction as well as resilience building within families." An essential component of the work is expanding implementation of trauma-informed approaches to individuals and systems that interact with children and families. Adopting trauma-informed practices involves understanding, recognizing, and responding sensitively to experiences of trauma, which include individual and community adversities such as exposure to abuse, parental incarceration or mental health issues, poverty, violence and community disruption. JfFC has used the BCR platform and tools to increase understanding about trauma-informed practice and to adopt implementation strategies from other members of the BCR collaborative. As a member of the collaborative stated, if "we can help families to raise children in a strong, nurturing, safe and stable environment... the science is clear, we will make a difference."

The work of Joining Forces for Children has evolved to focus on four key areas, or channels. Within each channel, activities raise awareness, provide trainings around the Pair of ACEs and their impact on child health and other outcomes, encourage adoption of trauma-informed practices, expand screening for exposure to ACEs in children and parents, and develop policies to create trauma-informed communities:

- 1. Early Childhood channel** – focuses on children younger than 8 years old and their families. Efforts include building awareness with early childhood professionals, caregivers and parents on the impact of the Pair of ACEs on child development and wellness in order to prevent the negative effects of toxic stress exposure on children and promote protective factors that build resilient children and families. The Early Childhood Channel is currently working to pilot a multi-generational resilience building coaching and training mode in community settings like churches, libraries, and family shelters. Additional efforts in the channel include co-creating and marketing resilience building tip sheets for families and developing a trauma responsive training series for early childhood providers.
- 2. School Age channel** - focuses on children between 5-18 years old. Efforts include creating safe school and after school environments where all faculty & staff understand that teaching and responding to students in a trauma-informed manner will ultimately promote family wellness as well as academic and social emotional growth. The channel spent the 2018/2019 school year co-creating a systems change road map that captured the wisdom and experience of the many groups around the table who are implementing trauma responsive care and prevention models within their systems. During the 2019/2020 school year, the channel moved the systems change framework from a conceptual model to concrete action steps by designing a series of meetings to walk participants through the roadmap process. Guest presenters with content expertise will showcase successful implementation and guide participants through the process with interactive learning exercises.
- 3. Health Care channel** – focuses on patients (child and parent) and healthcare providers. Efforts include educating providers and other healthcare staff about methods to screen and identify the patient's exposure to the Pair of ACEs, and taking steps to reduce exposure to adversities that can worsen health and other outcomes. In 2019 the channel leadership team designed a logic model for launching trauma informed care initiatives within a hospital setting to promote an optimal healing environment. New division specific research and continuous quality improvement projects on hospital based trauma informed care are emerging to support the strategies outlined within the logic model.
- 4. Community Connections channel** – focuses on awareness and knowledge building for anyone in our community interested in connecting with Joining Forces for Children and learning more about ACEs, toxic stress and building resilience. This channel hosts a quarterly event series to share important information via a keynote speaker equipped to discuss the broad effects of ACEs in systems of care and response, along with a spotlight segment with a local program sharing their strategies to identify, support and mitigate ACEs in our community.

The Role of BCR

As a participant in the national BCR collaborative, JfC has access to the other four cities working to address the Pair of ACEs using the BCR process. Through in-person and virtual meetings, JfC shares successes as well as challenges that help shape each BCR city's initiatives. This work is pioneering and requires exploration, experimentation, and frequent course changes. BCR provides resources and a framework to support information sharing, data collection, outcome measurement, and solution identification.

Policy and Advocacy

Joining Forces for Children utilized the support of BCR policy experts in responding to local and statewide advocacy opportunities. In both Ohio and Kentucky, policy makers are responding to the opioid crisis. With BCR's support, Joining Forces for Children leadership developed relationships with legislators and were asked to provide continued guidance and information as more funding is allocated to both the trauma informed care funding for families and children and prevention and response to the opioid crisis. With the help of BCR's Policy Director, Joining Forces for Children leadership crafted coalition letters, letters to the editor, and best practice information on the biological impact of ACEs, the need for an upstream analysis and response to the multi-generational trauma related to the opioid crisis.

Next Steps

With each channel working towards specific system goals and objectives to accomplish over the next 1-2 years, the JfC backbone staff are developing dashboards to measure channel work and system impact using a multi-method evaluation approach. JfC will continue to learn from the national BCR learning collaborative and other cities that are developing community-wide measurement of exposure to adversities and factors that support resilience.

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