



Building Community Resilience: Cincinnati, Ohio

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“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

Cincinnati’s Core BCR Team

In Cincinnati, the Building Community Resilience process serves as a central strategy and organizing platform to improve child health and wellness outcomes across Greater Cincinnati. The Mayerson Center for Safe and Healthy Children at Cincinnati Children’s Hospital Medical Center spearheads the regional Building Community Resilience (BCR) initiative that spans counties in Ohio, Indiana, and Kentucky. The **Cincinnati BCR collaborative**, called [Joining Forces for Children](#), has grown to over 50 organizations and about 200 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 Cincinnati area face many challenges that increase the likelihood of negative health and other life outcomes. For example, Cincinnati has one of the highest child poverty rates in the nation. Cincinnati children also 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. 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.

Adapting & Growing through the Building Community Resilience 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

What is Building Community Resilience?

Building Community Resilience (BCR) is a national collaborative that seeks to improve the health and life outcomes of children, families, and communities. Teams in five cities 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](#).”

Teams use the BCR process and tools, including the Coalition Building and Communications Guide and the Partner Build Grow Action Guide to identify community strengths, to work in partnership *with* community not *on* community, and to develop a shared understanding of adversities and goals. Using the BCR process, 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. The home of the national BCR collaborative is 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.



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. Efforts include educating early childhood professionals, caregivers and parents in order to prevent the negative effects of ACEs exposure on children.
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 academic and social emotional growth.
3. **Health Care channel** – focuses on patients (child and parent). 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.
4. **Local Initiatives channel** – focuses on partnering with other broad communitywide initiatives. Efforts include outreach to ensure that members of local initiatives are aware of the impact the Pair of ACEs has on children, families, and communities and how to integrate a trauma-informed approach into their mission and work.

Community Embedded Initiatives

Joining Forces for Children is addressing the Pair of ACEs through a range of methods and tools that can vary by channel. A few examples are outlined below.

Healthcare Transformation: Two-Generational Approaches to Addressing ACEs in Pediatrics

The Healthcare Channel operates within Cincinnati Children’s Hospital Medical Center (CCHMC) and community pediatric practices. Our approach includes introducing and implementing adversity screening tools within clinical care settings. Health care practices traditionally do not include the intentional identification of and referrals for such conditions as substance abuse, domestic violence, food insecurity, and parental mental health disorders. Therefore, this two-generational model is truly a transformational change that aims to increase child and family resilience – a protective factor to prevent and mitigate the negative outcomes that can result from exposure to such adversities. Screening tools are modified according to the patient population being served and the specific clinical environment. JFfC is studying the effectiveness and value of these tools to improve their adoption for different populations.

Parent Connex: Embedding Parenting Services in Pediatric Care

Parent Connex is a partnership between the Mayerson Center for Safe and Healthy Children, Beech Acres Parenting Center – a partner with over 165 years of experience strengthening and supporting Cincinnati’s children and families – TriHealth, and multiple community pediatric practices. Parent Connex spans the HealthCare Channel and the Early Childhood Channel. Parenting Specialists employed by Beech Acres are trained and placed within pediatric practices across Greater Cincinnati – a much-needed resource for both pediatricians and parents. Parents are referred to the Parenting Specialists by their pediatrician or a screening tool identifies a need. The parenting specialist provides prompt, practical support and guidance for a variety of parenting challenges and also links families to needed community resources. Parent Connex builds a family’s capacity to provide a safe & nurturing environment for their children, which is a protective factor that builds child and family resilience. Parent Connex is currently operating in four pediatric primary care locations across six locations and will soon be expanded to another six practices.

Promoting Family Wellness in Early Child Care

The Family Wellness program through the Early Childhood Channel is a partnership between the Mayerson Center for Safe and Healthy Children, 4C for Children - a leader and resource for high-quality early childhood education and care, and ten child care centers and preschools. The Family Wellness program builds upon the Strengthening Families framework - an approach to supporting families and children and preventing abuse and neglect. The program trains and empowers childcare providers to screen for adversity and protective factors, effectively engages parents in conversations using motivational interviewing skills, and helps families get connected with supports and resources.

The Role of BCR

As a participant in the national BCR collaborative, JfFC has access to the other four cities working to address the Pair of ACEs using the BCR process. Through in-person and virtual meetings, JfFC 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.

Key Regional Health Department Partnerships

In 2017, through BCR's technical assistance and the national BCR partnership with NACCHO (National Association of City and County Health Officials), JfFC began to establish partnerships with the Cincinnati Health Department, Northern Kentucky Health Department, and Clermont County Health Department. These partnerships have produced important education opportunities: Dr. Shapiro presented on ACEs and health outcomes to the Northern Kentucky Health Department's population health division and clinical services, which includes their Women Infants and Children supplemental nutrition program, family planning, and syringe exchange program. Dr. Shapiro also met with The Early Childhood Coordinating Committee (EC3), a subcommittee of Clermont County Family and Children First Council, on ACEs' impact on child development. The EC3 mission is focused on coordinated interdisciplinary, family-centered system of services for families with a child 0-6 who is or may be at risk for multi-need/multi-system services.

Growth of Work Serving School-Age Children

The School-Age channel has gained significantly through JfFC's participation in the BCR learning collaborative. Prior to 2017, JfFC was only working sporadically with various schools and school districts in the Greater Cincinnati area to increase awareness about the Pair of ACEs and their impact on children. Inspired by the Portland BCR team's work centering around a school-mental health agency partnership, JfFC decided to engage its school partners in a new way for the Spring 2017 BCR meeting in Cincinnati. An informal gathering was held with the Portland team, allowing JfFC to learn from another BCR team well on its way in building trauma-informed schools. It also provided local school partners a platform to share their journey and ultimately strengthened the JfFC school and school district partnerships. Cincinnati area school partners also participated on a panel session at the Spring 2017 BCR meeting in Cincinnati, which was open to invited local agencies, schools, and partners interested in learning more about JfFC. This convening resulted in a number of new partners interested in participating in the School Age channel, as well as a dramatic increase in the number of schools that have reached out directly for help with training, planning, and implementation strategies to start or further their work to become more trauma-informed.

Next Steps

Joining Forces for Children is at an exciting turning point, with each channel refining their specific goals and objectives to accomplish over the next 1-2 years and identifying ways to move Greater Cincinnati forward in becoming a trauma-informed region. The Family Wellness program will be expanded in the coming year, and future staff trainings for the Cincinnati Health Department on the Pair of ACEs are planned. JfFC will provide school partners with a framework to evaluate strategies, sustain engagement, increase awareness, and measure the outcomes of their interventions. Additionally, the 2017 launch of the JfFC website (www.joiningforcesforchildren.org) creates an important new avenue for partnership building and information sharing.

JfFC is still determining how to collectively capture data and measure community impact, as each program and organization within the collaborative has taken a slightly different approach to this process. JfFC will continue to learn from the national BCR collaborative and other cities that are developing community-wide measurement of exposure to adversities and factors that support resilience.

National & State Prevalence of Adverse Childhood Experiences, Among Children 0-17 Years Old*

	Cincinnati	Hamilton County	Ohio	National
Adverse Childhood Experiences (ACEs)				
<i>Child had 1+ Adverse Childhood Experiences</i>	60.1%	53.9%	49.5%	46.3%
<i>Child had 2+ Adverse Childhood Experiences</i>	37.1%	31.4%	27.1%	21.7%
Parental and Family Experiences				
<i>Somewhat often/very often hard to get by on income</i>	39.8%	34.7%	31.1%	25.5%
<i>Parent/guardian divorced or separated</i>	29.7%	28.6%	27.7%	25.0%
<i>Lived with anyone with an alcohol or drug problem</i>	8.8%	10.0%	10.7%	9.0%
<i>Parent/guardian served time in jail</i>	17.3%	13.7%	11.1%	8.2%
<i>Lived with anyone mentally ill, suicidal, or depressed</i>	11.7%	10.3%	9.3%	7.8%
<i>Saw or heard violence in the home</i>	12.1%	9.8%	8.1%	5.7%
<i>Victim of violence or witnessed neighborhood violence</i>	6.7%	5.8%	5.3%	3.9%
<i>Often treated or judged unfairly due to race/ethnicity</i>	5.1%	3.4%	2.1%	3.7%
<i>Parent/guardian died</i>	4.5%	4.5%	4.4%	3.3%
Parental Health Experiences				
<i>Mother's physical or mental health are not very good</i>	42.6%	40.1%	38.1%	35.8%
<i>Father's physical or mental health are not very good</i>	42.2%	39.0%	36.0%	31.9%

* 2016 National Survey of Children's Health

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