



Building Community Resilience: Washington, DC

March 2018

“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 at our health care site, 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, Pediatrician, Unity Health Care, Inc.

Washington, DC’s Core BCR Team

The Building Community Resilience process serves as a central strategy and organizing platform to improve child health and wellness outcomes in the nation’s capital. The core DC BCR team consists of several entities. The Early Childhood Innovation Network (ECIN), a collaborative of health, education, and community providers promoting resilient families from pregnancy through age five in DC, includes Children’s Law Center, Children’s National Health System, Far Southeast Family Strengthening Collaborative, Georgetown University Center for Child and Human Development, George Washington University Hospital, Health Alliance Network, Johns Hopkins Bloomberg School of Public Health, Parent Watch, and Total Family Care Coalition. In early 2017, the core DC BCR team grew to include Unity Health Care Inc., a federally qualified health center and the largest network of community health centers in DC. In addition, 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 currently act as the organizing partner for the local DC team, and have begun to expand the DC BCR team’s reach into several local policy arenas.

The Community Context

In recent years, Washington, DC has seen exponential growth – in population, development, investment, and property values – but not all residents are prospering. A number of neighborhoods throughout DC exhibit stark inequities, many of which include long-time residents being displaced due to gentrification. The contrast in prosperity is most visible east of the Anacostia River (Wards 7 and 8). 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. Residents there face neighborhood

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.



violence, limited employment opportunities, and other structural barriers to health, including 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. Despite structural and systemic adversity, residents in Wards 7 & 8 have many assets to draw upon, including strong family and community networks, access to high-quality, community-based services, and high rates of health insurance coverage.

Adapting & Growing through the BCR Process

To address the Pair of ACEs, the DC BCR team approaches its work through an equity lens, collaborating with partners across a range of sectors that impact child, family, and community health outcomes. The DC team engages the medical community, DC government – including departments that manage health and education, early learning centers, juvenile justice, DC Council, and community-based organizations. A key component of the DC BCR 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.

The Early Childhood Innovation Network

The Early Childhood Innovation Network (ECIN) (www.ecin.org), which focuses on families from pregnancy through children up to age five, works 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.’ Through collaboration with Children’s Law Center and ZERO TO THREE, a national early childhood organization, ECIN also advocates for federal funding of early childhood and maternal mental health programs.

Starter Trauma and Resilience Toolkit

Children’s National Health System (CNHS) is building an online portal called the Starter Trauma and Resilience Toolkit (START). It will equip health care providers across DC with practical knowledge and resources to help them address patients’ and families’ exposure to traumas, which can include the Pair of ACEs. The goal of developing and disseminating START is to help DC providers manage the complex needs of families and also support child, family and community resilience through a trauma-informed approach to care.

Forging Institutional Change through Nursing Education at Children’s National Health System

Nursing leadership at CNHS has created an institutional education goal focused on introducing trauma-informed care approaches to improve community health outcomes. For 2017-2018, the goal will be to train 80% of nurses in key areas to “advance nursing knowledge, skills and practice to improve the understanding of and responsiveness to the impact of trauma and adversity among pediatric patients and their families.” This approach will be applied in four clinical areas: the emergency department, one inpatient medical unit, the adolescent/child psychiatry unit, and the main campus outpatient primary care centers. The educational intervention is supported by a Substance Abuse and Mental Health Administration (SAMHSA) National Center for Trauma-Informed Care (NCTIC) Technical Assistance Award.

The HealthySteps Program and Potential Expansion

ECIN is piloting an enhanced version of HealthySteps, a national, evidence-based program that improves child health outcomes through mental health and social supports for parents and young children in the pediatrician’s office. HealthySteps in DC embeds an early childhood mental health specialist and family champion 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. In the first nine months of the ECIN HealthySteps program, the team served over 350 children, providing parents and caregivers with brief clinical sessions on parent mental health, child behavior, sleep hygiene, grief and loss, and positive parenting practices. DC BCR team members, including those from GW’s Redstone Center for Prevention and Wellness, have worked to support expansion of HealthySteps in DC, including consultation with DC Council and through testimony at the September 2017 hearing on legislation to significantly expand HealthySteps in the District.

Igniting a Network of Neighborhood Family Champions

ECIN was awarded a DC Department of Health (DOH) Early Childhood Place-Based grant in September 2017 to build resilience in neighborhoods immediately surrounding Children's Health Center in Ward 8. The health center serves a large number of families east of the river and is located in an area with a high concentration of health disparities. As part of the DOH grant, ECIN and the Far Southeast Family Strengthening Collaborative are recruiting a network of 'neighborhood family champions,' the informal and natural leaders in neighborhoods, who will help families connect to resources and community providers in social services, workforce development, and healthcare. ECIN's HealthySteps program serves as the anchor of this initiative.

DC BCR's New Clinical Partner: Unity Health Care, Inc.

Unity Health Care, Inc. joined the DC BCR team in early 2017, initiating a pilot program centered at Unity's largest health care center in Ward 7. The pilot includes conducting focus groups with community members, patients, and families in partnership with national BCR staff from GW's Redstone Center to understand specific adversities and stressors impacting health and other outcomes. The pilot also involves development of an electronic medical record data collection and evaluation plan that could ultimately enable system-wide use of best practices for linking patients to community resources and supports. The pilot will also involve implementation of the trauma-informed physician toolkit, a guide for familiarizing clinicians with these approaches, developed by ECIN.

Next Steps

Throughout all of its work, the DC team is focused on establishing long-term sustainability, and is exploring options for reimbursement of services. A DC BCR team member said, "we want to do something that is cross-modal, that is, just like health and mental health and education that we want to be tri-generational...and we don't want to be coming in with new clinics, buildings, directorships, that sort of thing. We want to effectively innovate with the [existing] services and providers and build their capacities."

Over the coming year, the Children's National Health System will expand interactive training with START. CHNS is developing online training modules that will allow providers to practice using trauma-informed approaches featuring animated patients. CNHS also hopes to expand nursing and provider education, through simulations of real life scenarios, including using standardized patients, a training technique that involves actors. Once provider education is completed, patient screening for trauma, including the Pair of ACEs, will begin to be implemented.

Members of the DC BCR team will present findings of the pilot program to the Unity Board of Directors outlining a summary of results, recommendations, and a sustainability plan for the work. Unity will also implement tailored educational sessions for staff on providing trauma informed care and enhancing provider wellness. DC BCR team members will collaborate with Unity social services and mental health clinicians to explore avenues to identify sexual assault survivors and connect them to reliable community resources. This collaboration will include supporting and expanding Unity's current trauma informed therapy programs.

Additionally, as an out-growth of focus groups which the BCR national team conducted at Unity Health Care, the Root Causes Community Dialogue Project (RCCD) was developed towards the end of 2017. In 2018, through a series of focus groups and facilitated community dialogue, the project will aim to identify the root causes of the most frequently identified community adversities in DC's Ward 7 and 8, such as violence, incarceration (including youth involved in the juvenile justice system), and lack of access to resources that support health and wellness. Ultimately, the project will seek to spark conversations and collaboration between DC community and police to address the Pair of ACEs together.

With long-term sustainability in mind, the DC BCR team continues to explore opportunities with DC government in an effort to embed the BCR work into DC city systems and agencies, such as the Office of the Attorney General and the Office of the State Superintendent of Schools. This effort also includes conversations with The Lab @ DC (a new endeavor that aims to harness public data to inform policy) and DC's Chief Resilience Officer in the Office of the City Administrator. In 2016, the Chief Resilience Officer position was created as part of DC's participation in Rockefeller

Foundation’s 100 Resilient Cities initiative. In 2017, DC's Chief Resilience Officer partnered with BCR to convene many of the city’s public and community health providers to discuss community adversity. The data gathered during this Visioning Exercise will be used to help the city identify specific community adversities, assets, and resilience goals. DC's Chief Resilience Officer has highlighted the BCR process as an exemplary approach to building resilience in the nation’s capital.

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

	Washington, DC	National
Adverse Childhood Experiences (ACEs)		
<i>Child had 1+ Adverse Childhood Experiences</i>	47.1%	46.3%
<i>Child had 2+ Adverse Childhood Experiences</i>	21.8%	21.7%
Nine Individual ACEs		
<i>Somewhat often/very often hard to get by on income</i>	21.4%	25.5%
<i>Parent/guardian divorced or separated</i>	25.4%	25.0%
<i>Lived with anyone with an alcohol or drug problem</i>	6.9%	9.0%
<i>Parent/guardian served time in jail</i>	9.2%	8.2%
<i>Lived with anyone mentally ill, suicidal, or depressed</i>	5.3%	7.8%
<i>Saw or heard violence in the home</i>	5.6%	5.7%
<i>Victim of violence or witnessed neighborhood violence</i>	9.4%	3.9%
<i>Often treated or judged unfairly due to race/ethnicity</i>	3.2%	3.7%
<i>Parent/guardian died</i>	4.6%	3.3%
Community Elements		
<i>Neighborhood has litter, rundown housing, & vandalism</i>	11.1%	4.4%
<i>Parent/guardian definitely agrees that child is safe at school</i>	68.0%	74.3%

* 2016 National Survey of Children’s Health

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