Building Community Resilience: Wilmington, Delaware
November 2017

“The administering [of] the ACEs screening with our staff was tremendously insightful and encouraged self-reflection.” – May 2017 Resilience Screening Attendee

Wilmington’s BCR Team
The Wilmington BCR team is using aspects of the BCR process to support strategic planning with the goals of increasing internal buy-in and enhancing connections with external community partners. Since early 2015, the Wilmington BCR team has operated with a group of dedicated physicians, population health specialists and scientists from the Nemours Children’s Health System (NCHS) who understand the importance of addressing adverse childhood experiences and trauma in order to make a sustainable, positive impact on the long term health outcomes of children, families, and communities in Delaware. The Wilmington BCR team has explored opportunities at both the health system and community levels, while seeking alignment with existing efforts and similar initiatives already underway. The Wilmington BCR team is jointly led by two clinical leads, a physician and psychologist. This combination of skills and perspectives helps the team approach ACEs and resilience in a more comprehensive way.

The Community Context
Delaware is a small state with significant demographic, economic, and geographic differences among its three counties. The State of Delaware reflects a largely Caucasian (70%) and African-American (22%) population, according to the 2010 Census. New Castle County has a mix of urban and suburban population; Kent County is primarily suburban and rural; and Sussex County is a rural community with a robust economy driven by coastal activity on its Atlantic shore. Despite the differences between counties, the need for additional behavioral health services and social supports is apparent statewide. Delaware faces increasing rates of violence within its communities, substance abuse, and poverty throughout the state. Delaware is home to less than one million people, but is ranked as one of the nation’s most violent states according to the U.S. Drug Enforcement Agency. A recent CDC study cited Wilmington’s gun violence rates – the state’s largest city – as a public health crisis. In addition to community violence, of the nearly 20,000 children and youth living in Wilmington, almost 40% live below the poverty line and more than 60% have been

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.

go.gwu.edu/BCR  @ResilNation  Search for “Pair of ACEs”
exposed to at least one traumatic experience, according to the 2011/12 National Survey for Children’s Health. While there are many challenges in Delaware, there are many assets and resources among residents, and within communities and agencies. Ongoing efforts are underway to build upon structural buffers and strengths to offset adversity through resilience. These buffers include a comprehensive network of linkages between community, clinical and behavioral health care for children through a robust system of pediatric care through the A.I. DuPont Hospital for Children and the Nemours Children’s Health System. In addition to health care, Wilmington Mayor Mike Purzycki has called for a cabinet level strategy to reduce crime, strengthen neighborhoods, and increase employment opportunities in an effort to address the root causes of community adversity.

Approach and Areas of Focus
The Nemours Children’s Health System, similar to many children’s hospitals across the country, is at a crossroads as it transitions from the traditional fee-for-service payment system and begins to integrate the population health goals of the Affordable Care Act.

A key goal for the Wilmington BCR team is to expand the hospital’s work in the community in order to strengthen partnerships that can accelerate the work to address the ACEs. The Wilmington BCR team members, in their respective roles, have a long-standing history of successful partnership with a wide variety of medical and behavioral health providers and community and social service organizations, including with the State Department of Public Health, Delaware Childrens Deparment, Christiana Care, local school districts etc. Additionally, through work on a variety of projects throughout the years, they have been successful in partnering with non-traditional partners such as the academic community, businesses, faith-based organizations, media, the justice system, and a variety of community stakeholders from various sectors and backgrounds.

The Wilmington BCR team, and the organization as a whole, is working to break out of traditional practice operations and become more connected to the community. After exploring how best to adopt and adapt the BCR process, the Wilmington BCR team is moving forward with the following areas of focus:

1. **Education and Awareness** – focuses on increasing awareness and understanding of ACEs and their impact on long term health outcomes. These efforts are directed within the Nemours Children’s Health System – including A.I. dupont Hospital for Children, primary care practices, and specialty clinics – but also externally.
2. **Prevention** - focuses on the identification of ACEs, and developing cross-sector partnerships to co-design culturally- focused interventions to reduce ACEs.
3. **Alignment with Community Based Efforts** -focuses on the coordination and alignment with existing external community partnerships and initiatives to identify gaps and strengthen existing resources and supports available to children and families in Wilmington.
4. **Implementation of Systemwide Screening and Referrals in Primary Care** – focuses on adoption of an ACEs screening tool by Nemours Primary Care practice providers and documented in the systemwide electronic medical record (EMR). Referrals made to social services and other supports would also be documented in the EMR.

Wilmington BCR Initiatives
The following initiatives highlight several ways the Wilmington BCR team is working to address ACEs in Wilmington and statewide.

**Education and Awareness Campaign**
In January 2017, Wilmington BCR launched an education and awareness campaign targeting both the community and internal NCHS staff. To date, the team has increased awareness of ACEs via over 10 screenings of the film, “Resilience.” As a result, approximately 1,000 individuals who represent the community, clinical, and social service arenas have viewed the film, sparking heightened interest, discussion, and partnerships to address adverse childhood experiences across sectors throughout Delaware. Examples of partners include the Delaware Division of Public Health, Red Clay and Colonial School District, Children and Families First, and the Rodel Foundation.
**Integrated Services & Referrals**

Nemours Children’s Health System is an integrated health care system that includes behavioral health and social service programming throughout the organization. As of 2016, psychologists and care coordinators are part of all Nemours Delaware pediatric primary care practices. Our hospital-based social work department has integrated a community health worker to connect families with appropriate community based services to address chronic disease triggers and social service needs and ultimately, reduce readmission rates.

The referral and care coordination within Nemours’ practices vary based on their geographic location. However, as the primary care practices establish a recognized patient-centered medical home through an National Center for Quality Assurance framework, care coordination is becoming more standardized across the enterprise.

**Integrating Care to Support Prevention**

Steps are also being taken to begin the journey to identify appropriate prevention options through participation in the Pediatric Integrated Care Collaborative (PICC2) hosted by Johns Hopkins University. Select members of the Wilmington BCR team and community partners are participating in this initiative. The Wilmington BCR team believes integrating the PICC2 work with its BCR work can help achieve the goals increasing access to services and supports, increasing screening for ACEs and related concerns, increasing linkages to mental health services, and also improve collaboration, communication, and coordination between systems of care serving children and families in Delaware.

**Internal Coordination around Community Engagement**

Awareness of ACEs has also increased internally within Nemours. Throughout Nemours Children’s Health System there are a wide range of efforts aimed at reducing trauma among children. Wilmington BCR has provided a platform for various segments of the clinical and population health systems to collaborate and convene around the topic of ACEs and begin to work in a more integrated manner internally and with external partners. The Nemours Division of Health & Prevention Services (NHPS) has over a decade of grass roots community engagement experience in the areas of health education, health advocacy, community-based prevention programming related to obesity prevention, community coalition building, pediatric primary and secondary interventions, built environment and family support programming. NHPS in collaboration with Nemours, Marketing and Communications, Office of Community Engagement, Delaware Valley Government Relations, Human Resources, Kids Health, and Office of Health Equity and Inclusion work with diverse populations throughout the state with a charge to recognize, respect, and address the needs, issues, and concerns of all children.

In partnership with the Delaware Office of the Child Advocate, Department of Education and various school districts, NHPS has supported two Compassionate Schools Symposia, and a third symposium on ACEs in partnership with Delaware Trauma Matters.

**The Role of BCR**

Participation in the national BCR collaborative has provided an essential framework to address ACEs and connected the Wilmington BCR team with the other four teams in the collaborative. The ability to interact with BCR teams throughout the country who are implementing the BCR process has allowed the Wilmington team to learn from other health care systems and their partners, and also identify potential pitfalls and best practices.

**Next Steps**

The Wilmington BCR team continues to move forward with implementation of an education and awareness campaign, and also with efforts to align and strengthen NCHS’ community-based efforts. In addition, NCHS’ participation in the PICC2 process is an opportunity to align the work of Nemours primary care providers, community partners, and behavioral health providers. The Wilmington BCR team sees the intersection of community engagement through the BCR process and the clinical focus through PICC2 as complementary, and successful use of both could set the stage for coordinated integration to address ACEs.
### National & State Prevalence of Adverse Childhood Experiences, Among Children 0-17 Years Old*

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences (ACEs)</th>
<th>Delaware</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child had 1+ Adverse Childhood Experiences</td>
<td>48.3%</td>
<td>46.3%</td>
</tr>
<tr>
<td>Child had 2+ Adverse Childhood Experiences</td>
<td>22.6%</td>
<td>21.7%</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Nine Individual ACEs</th>
<th>Delaware</th>
<th>National</th>
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</thead>
<tbody>
<tr>
<td>Somewhat often/very often hard to get by on income</td>
<td>23.8%</td>
<td>25.5%</td>
</tr>
<tr>
<td>Parent/guardian divorced or separated</td>
<td>24.9%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Lived with anyone with an alcohol or drug problem</td>
<td>7.9%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Parent/guardian served time in jail</td>
<td>10.2%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Lived with anyone mentally ill, suicidal, or depressed</td>
<td>7.4%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Saw or heard violence in the home</td>
<td>6.7%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Victim of violence or witnessed neighborhood violence</td>
<td>5.7%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Often treated or judged unfairly due to race/ethnicity</td>
<td>3.4%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Parent/guardian died</td>
<td>3.4%</td>
<td>3.3%</td>
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</tbody>
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* 2016 National Survey of Children's Health

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