

# COMMUNICATIONS & COALITION-BUILDING GUIDE

Strategies for Advancing Equity to Build Community Resilience



DECEMBER 2022

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## Acknowledgments

The Center for Community Resilience (CCR) is based at the George Washington University's Milken Institute School of Public Health and serves as the national technical assistance, research and policy hub for the Building Community Resilience and Resilience Catalysts Public Health networks. Our work would not be possible without the generous support of our funders, and strategic and community partners across the country. Special thanks to Sarah Baldauf, Wendy Ellis, Kim Rodgers, and Kate Wolff for their contributions to this guide, and to the entire CCR network for sustaining the Resilience Movement.





# Join the Resilience Movement

The Resilience Movement has grown significantly since our journey began in 2015. This updated edition of the 2017 Communications and Coalition Building Guide reflects lessons learned from our national network of partners working to foster healing and equity. Inside, you'll find many resources to help you communicate, educate, collaborate, and co-create with partners on the path to community resilience. Our newest resource, the **Resilience Tree**, is a tool designed to illustrate measurable outcomes associated with efforts to create equitable systems change.

In 2015 we began with the objective to build communities in which all children and families have equitable access to the resources needed to not just bounce back in the face of adversity - but bounce forward and thrive. This guide reflects lessons learned from using the **Pair of ACEs Tree** and the **Building Community Resilience (BCR) process** with our network of local, regional, and statewide collaboratives.



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## Why This Matters

The science of social determinants, public health, and public policy demonstrate that a thriving, resilient community is not possible without equity. A study of our nation's history and social and economic policies provides overwhelming evidence that the process of fostering equity requires truth telling, healing, restoration, and repair. Our work centers community expertise, narrative, and power-building to identify specific threats to resilience and co-create solutions that include long-term policy and practice change. What is measured is what gets done; therefore, our work includes developing systems of accountability with measures that help partners and community track efforts toward achieving equity, resilience, and systems change over time.

### WHAT IS EQUITY?

There are many definitions of equity. At CCR, we believe that **equity exists when the level of supports, resources, and opportunity accessible to a community match the need.** As such, every community may have its own specific definition of equity, based on local context and the historical drivers of inequity.

### JOIN THE MOVEMENT

Begin with this Communications and Coalition-Building Guide and our [Fostering Equity modules](#). As your work deepens, find additional tools and resources to support your efforts on our website at [ccr.publichealth.gwu.edu](http://ccr.publichealth.gwu.edu).

### The Challenge: Building Resilient, Equitable Communities

*A resilient community is one that prevents trauma, promotes healing, and provides access to supports and resources that families and communities need to thrive.*

### Our Strategies: Centering Community, Truth, and Equity

*We center community and foster equity through truth telling aimed at identifying root causes of adversity and trauma.*

### Our Goal: Driving Systems Change

*Our customized approach helps communities integrate equity and resilience into policy and practice to drive systems change.*

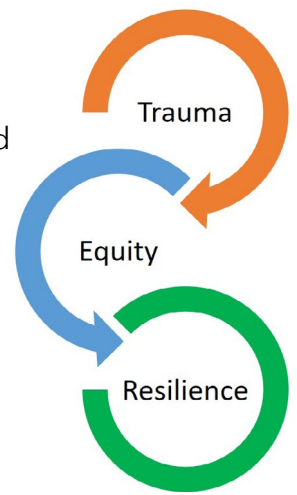
# Part I

## **Level-Setting: Understanding Inequity**

# The Big Picture

## Understanding Trauma & Adversity

An indisputable Truth of our nation's history is that our systems were not designed to provide equal access to resources for children, families, and communities regardless of race, income, or place. Additionally, our public systems were not designed to provide equitable access to economic and social opportunity resulting in disparate and predictable outcomes of despair and disadvantage by race, place, and income. As intended, stark place- and race-based disparities have resulted, including in life expectancy, generational poverty, incarceration rates and educational attainment. It is why we see entire communities and generations experiencing vicious cycles of poverty, violence, and social exclusion from critical resources needed to break these devastating cycles that result in the loss of human potential.



To break the cycle of trauma, we must break down barriers that prevent children from realizing their full potential. We must acknowledge and name the role of policies that drive unjust differences by race and place—many of which serve as the foundation of our nation—including our Constitution, which deemed enslaved people as only three-fifths human. Today's barriers include the assault on voting rights, democracy, and bodily autonomy. Historical and present-day policies that govern our public systems have been designed to intentionally harm people of color and the poor. The data are clear: many economic and social policies have been created to produce differential treatment for people of color and the poor, resulting in disproportionately negative outcomes in health, wealth, and wellbeing for these communities.

Facing our truth of racial inequity is necessary but not sufficient to build resilient communities. Without redress, generational trauma continues to undermine our ability to foster healing. Only through a process intended to make communities whole - through equitable policy change - will we ensure all children and families have the supports and resources necessary to thrive. This is how we define Community Resilience.

## Centering Community to Achieve Equity

Lifting up the narrative of community—leveraging the expertise of those directly impacted by inequitable policy and practice rooted in structural racism—is fundamental to the co-creation of solutions that best serve community.

An important aspect of our approach is applying the principles of trauma-informed practice in decision-making, community engagement and delivery of services and/or care. This requires an explicit acknowledgment of the profound impact of systemic trauma on families and communities. Our resilience framing focuses on community assets and strengths, providing a stable and trusted foundation to build upon.

### SPOTLIGHT: CENTERING COMMUNITY TO ACHIEVE EQUITY IN CINCINNATI, OH

As part of CCR's Truth & Equity initiative, a local cross-sector coalition in Cincinnati is working to foster racial equity through historical education, advocacy training, and community leadership. Grounding this effort in the voices of community members, organizers led community conversations, hosted racial healing circles, and facilitated leadership development. In addition, CCR produced a documentary, "[America's Truth: Cincinnati](#)," that traces the stories of several of the city's Black neighborhoods and how they were harmed by policies and practices rooted in structural racism. Today, the coalition is engaging Cincinnati City Council to implement equity-driven policies, such as investments to close the racial wealth gap to improve the economic and social outcomes for the city's Black residents.

[Learn more...](#)

# Holding Space for Our Differences on the Path to Equity

Throughout this guide you will notice that we use a lower-case 'w' when referring to white people and an upper-case 'B' when referring to Black people. The debate on how to denote race as it pertains to people or culture has been debated in media outlets, classrooms and community as part of a larger conversation aimed at confronting our nation's history of racial subjugation, oppression and segregation. Race – white and Black – is a social construct not rooted in biology. Yet, in many respects race has had the same deterministic impact as DNA because race is embedded in our nation's DNA.

For centuries people of African descent have had little choice in how they are categorized or described as part of our nation's social hierarchy. The syntax we use in this guide does not have universal support within our Center. We have had this debate for more than two years and the conversation continues. Our next update of this guide may have a different convention reflecting a process of evolution and growth. In short, we have given ourselves the grace to evolve, learn and grow as we gain greater understanding on this journey of healing in pursuit of equity.

In the meantime, we share with you our differing viewpoints as an example that even those who agree on a vision and goals, may at times disagree with approach. Allowing our voices to be heard, allowing our experience to be seen, is part of healing and growing. To quote Maya Angelou, "Do the best until you know better. When you know better, do better."

We hope by sharing our differing opinions on syntax, you will choose the path that works best for you. Because when we learn together, we do better together.



Dr. Wendy Ellis

*I come from a generation where my grandfather was called 'boy' even after he earned a law degree and worked as a Vice President in a Fortune 500 company. I saw his birth certificate that categorized him as Negro. I've also seen census records from my great-grandparents neighborhood in Connersville, Indiana that referred to my great aunt as mulatto. My birth certificate categorized me as Black. In the late 1990's as I was coming of age, we embraced*

*the term "African-American" to pay homage to our African heritage without most of us being able to trace our lineage directly to the continent. I was confused when my Caribbean brothers and sisters bristled at this designation—they were not Africans, they were Dominican, Jamaican, and Haitian.*

*My preference for a capitalized Black reflects my pride in my community and also is a statement of power and respect. Historically, America has not honored the dignity of Black people. We capitalize titles in this country for those deserving of respect—such as President, Professor, and Doctor—titles they have earned with hard work and dedication. Those who are capitalized are deserving of dignity. For me, capitalizing Black is a way to honor the courage, history, and experience of a people whose humanity has largely been violated and their dignity ignored. It is not in comparison of white—it is because those who have worked hard to earn respect deserve to be honored in the totality of their human experience. It is not that white people are not deserving of the same grace—it is recognition that such grace was granted as birthright in this nation—being Black with a capital B is something that we as a people have earned.*



Sarah Baldauf

*I've always loved language and words for their ability to connect writer and reader and to reveal and reflect humanity. I'm also pretty wary of rules and institutions as I've seen them reliably favor the status quo and 'tradition' over inquiry and growth. Yet somehow, I've found myself making the case for capitalizing the 'w' in White when writing about race. Capitalization suggests there's a real person - or people - behind it, and with humanity comes responsibility.*

*Structural racism anoints 'White' as most valued so has become the default, the 'norm' that dominates – so much so that it often goes unrecognized. This is a huge part of the problem. I see capitalization as a way, albeit small, to help remove that camouflage, shaking us from the grip of status quo. Calling on us to act, take responsibility, and be part of the solution, not the problem. Because 'White,' nor any group, should ever be the arbiter of what's right or the default to which others are measured or forced to accommodate.*



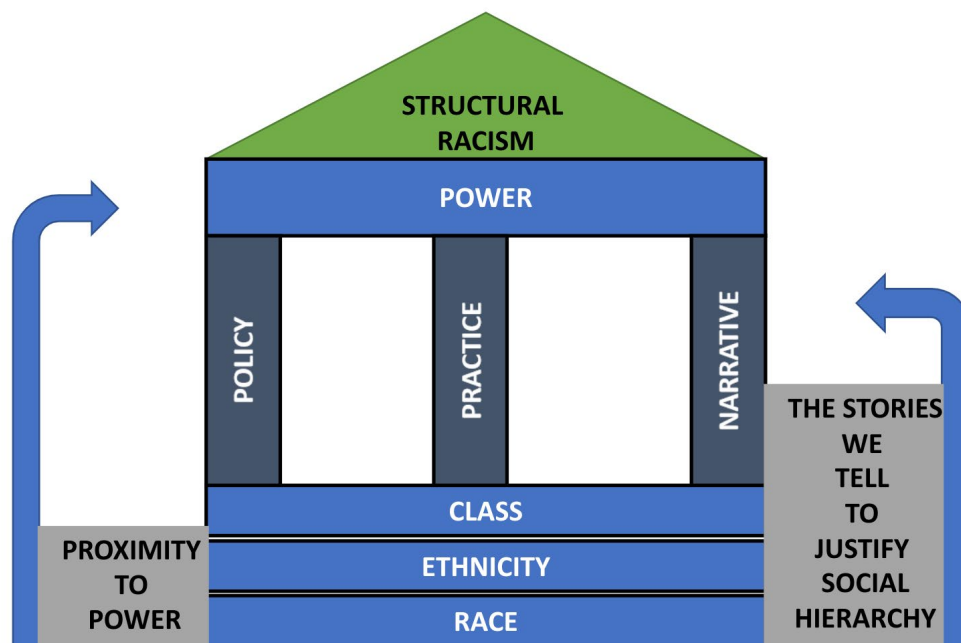
Kim Rodgers

*As a strategic communicator who believes that language matters, I understand why the debate on the capitalization of race is important to some. However, I find it to be symbolic at best, performative at worst—a mechanism for feigning progress without actually doing the hard and messy work of dismantling the harmful narratives that frame discussions of race. It's also a distraction from what is most critical: the inch-by-inch fight for structural and systemic*

*transformations that promote equity. Capitalizing the 'B' in Black and lower-casing the 'w' in White won't meaningfully contribute to ending police terror or closing the racial wealth gap or making healthy, fresh foods accessible in Black communities. My people don't gain anything – not power nor resources nor opportunities – when people call us 'Black' instead of 'black,' so I'm more interested in investing my energy into debates and efforts that will produce those gains.*

## Understanding the Infrastructure of Structural Racism

The policies and practices of structural racism are so embedded in the “American way” that it can be difficult to recognize specific drivers because we have become accustomed to the patterns of disparity—in short, inequity has been normalized. Understanding the forces at play that drive outcomes associated with structural racism can help us recognize how a system of oppression and disparity operates and produces wide-ranging impacts. As the graphic below illustrates, structural racism is built upon a foundation of social hierarchy that differentially values people based on race, ethnicity, and class. Those who are positioned higher in the hierarchy – e.g., people who are white, Eurocentric, or of higher socioeconomic status – have greater access to the power structures that control the systems that drive society. We acknowledge that intersecting identities such as gender, sexual orientation, and religion also affect access to power. However, belonging to a group that is more highly valued within the social hierarchies of race, ethnicity, and class can be a buffer for people who hold intersectional identities. For instance, a gay white male may face marginalization due to sexual identity but is still likely to have more favorable social and economic outcomes compared to his Black male peers ([Quinn, 2022](#)).



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Policy, practice, and narrative are the tools used to reinforce structural racism and ensure that access to power is limited to an advantaged few. Policy establishes boundaries around who can access power. Those boundaries are then upheld through practices (including differential treatment, exclusion, intimidation, and violence) and narratives (stories told to justify and/or obscure the resulting social hierarchy). Historically, policies most benefitted the framers of the nation’s laws and Constitution – land-owning white men of higher social class. This left Indigenous peoples and other people of color, white people of lower social and economic class, and many immigrants excluded from accessing power and consequently social and economic mobility. It is the pillars of policy, practice and narrative that make structural racism durable. To learn more about the pillar of policy as it relates to structural racism, see the Policy Timeline in CCR’s [Fostering Equity Guide Module I](#).

VISIT [FOSTERING EQUITY GUIDE MODULE III](#) to learn techniques in power-sharing and power-building in community resilience efforts.



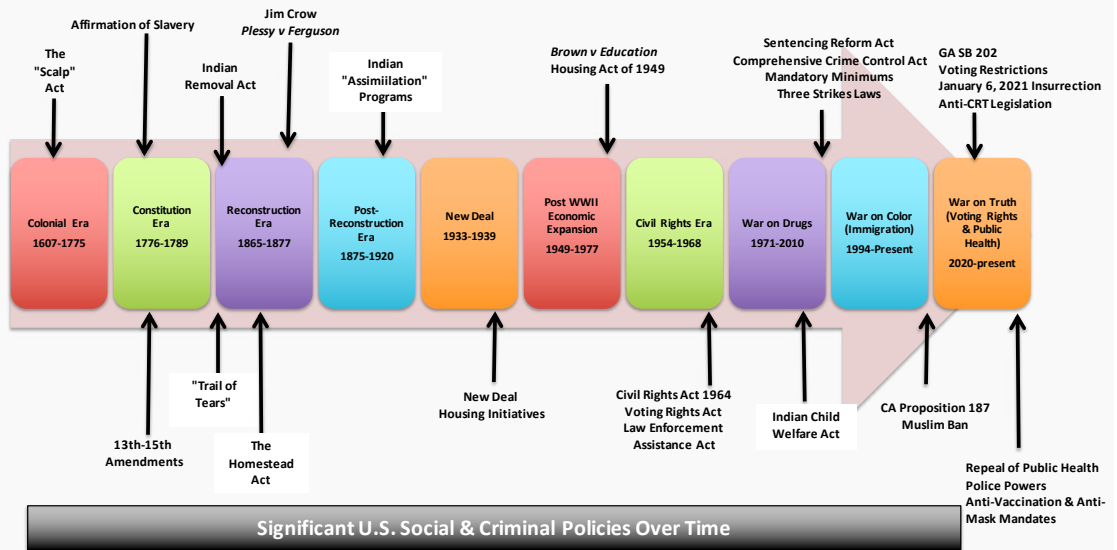
# Examining Our History to Foster an Equitable Future

The policies of our nation’s public and private systems in education, housing, criminal justice, and law enforcement were designed to benefit white people over Black, Indigenous, immigrants and other people of color. The belief in White Supremacy – that white people should dominate all other races – is a part of United States history and continues to shape our present. Some of the earliest policies rooted in White Supremacy resulted in the removal and eradication of Indigenous peoples from tribal lands, to make way for the development of an economic system that eventually included chattel slavery to meet the emerging nation’s need for cheap labor. Despite losing a bloody civil war fought to uphold slavery and the passing of the 13th Amendment that banned slavery as an institution—laws, policies and practices continue to be enacted and enforced to ensure unequal rights and inequitable outcomes for people of color and the poor. **The result: White Supremacy is a belief, enshrined in policy to ensure disparity and inequity by race.**

## How We Got Here: Inequity by Design

Structural racism relies on a systematic application of policy and practice designed to uphold a hierarchy of race, class, and ethnicity that ensures power and resources for white people. Using policy, practice, and narrative to support differential treatment by race helps to reinforce a system that creates barriers to opportunity resulting in unjust outcomes for people of color and the poor. Below is a timeline of some of the most significant U.S. policies used to shape and codify disparate outcomes by race and place. **The timeline is marked by eras of progress—when demands for equality gained traction (e.g., Reconstruction and the Civil Rights Era)—often followed by backlash, including violence and new policies to preserve an unjust social hierarchy.** This pattern continues with our present-day ‘War on Truth,’ a series of laws and mandates that seek to limit liberties. Areas under attack include voting rights, social and health protections (provided by equal access to justice and public health), as well as work to address and repair social inequity through education on our nation’s painful past. Efforts to restrict access to the vote, misinformation about the threat to public health posed by COVID-19, and stripping birthing people of their right to family planning are consistent with a long history of policies that limit autonomy and opportunity for people of color and the poor.

**VISIT FOSTERING EQUITY GUIDE MODULE I** for in-depth analysis of the history of American policy and the social, economic and health inequities produced.



Discussion of the elements of our nation’s history that resulted in inequity by race (as depicted in the above timeline) has been deemed “divisive concepts” and incorrectly labeled as efforts to disseminate and indoctrinate young schoolchildren in “Critical Race Theory (CRT).” **To be clear, the above timeline depicts our history, not theory. It provides evidence of the intent to do harm by race and place that spans centuries.**

**Why this matters:** The policies and practices that maintain the infrastructure of structural racism are rarely taught or presented in a way that helps us develop solutions to support systemic change. The lack of collective understanding of the past makes it difficult to connect a centuries old pattern of policymaking to present-day trauma and inequity. We cannot chart a collective path to equity and resilience without understanding the structures, policies, and practices that ensure low-income and communities of color are trapped in a cycle of adversity.



# How Structural Racism Harms Everyone

The tools of structural racism—policy, practice, and narrative—were originally devised to oppress, subjugate, and segregate Black and Indigenous peoples. Despite being designed to drive inequity on the basis of race, these durable mechanisms can also be recognized in rural communities that struggle with intergenerational poverty and scarcity of resources.

Rural communities are typically predominately white and are often plagued by concentrated poverty and lack of access to quality education, healthcare, and other essential supports. Systemic inequities in rural communities have their roots in policies initially designed to maintain a strict social hierarchy by race and class. Therefore, when examining structural inequities, we must acknowledge the collateral harm done to a vast number of communities by a system designed to oppress a few. As evidenced by today's disparities, economic and social policies maintain a system of power and distribution of resources that limits social and economic mobility for Americans of color, immigrants of color, and white Americans of lower socioeconomic class and rurality.

**Why this matters:** Dismantling structural racism is necessary to promote healing, resilience, and an opportunity to make whole the people of color it was originally intended to subjugate and oppress. This process can also benefit all lower income and socially disadvantaged communities regardless of race. Educating community members on the broad reach of structural racism can help expand and strengthen your coalition's work to foster equity and resilience.

## KEY MESSAGES

1. Structural racism is so embedded in our public systems, it can be hard to recognize. Identifying the specific pillars (policy, practice and narrative) that uphold it provides targets to disrupt and dismantle this enduring structure of inequity and disparity.
2. Though counterintuitive, many white communities are harmed by structural racism, resulting in intergenerational poverty and lower socioeconomic status. This is most evident across rural America where the policies and practices created to oppress people of color have similar disparate effects as measured in educational attainment, access to economic mobility, and shortened life expectancy.

**FOR GREATER CONTEXT,** read [Lessons From My Uncle: Mental Health Care Access, Incarceration & Structural Racism in Rural America](#), a blog discussing one white family's experience contending with the infrastructure of structural racism.

*"My uncle, along with many other white people living in poor, rural areas, are churning through the same systems that were designed to oppress people of color.*

*It's essential to dismantle these racist structures and repair the harm done to the people of color they were designed to subjugate.*

*What often gets missed is that doing so will benefit everyone."*

*- Katherine Hill, MPH '22  
George Washington University  
Milken Institute School of Public Health*



## Part II

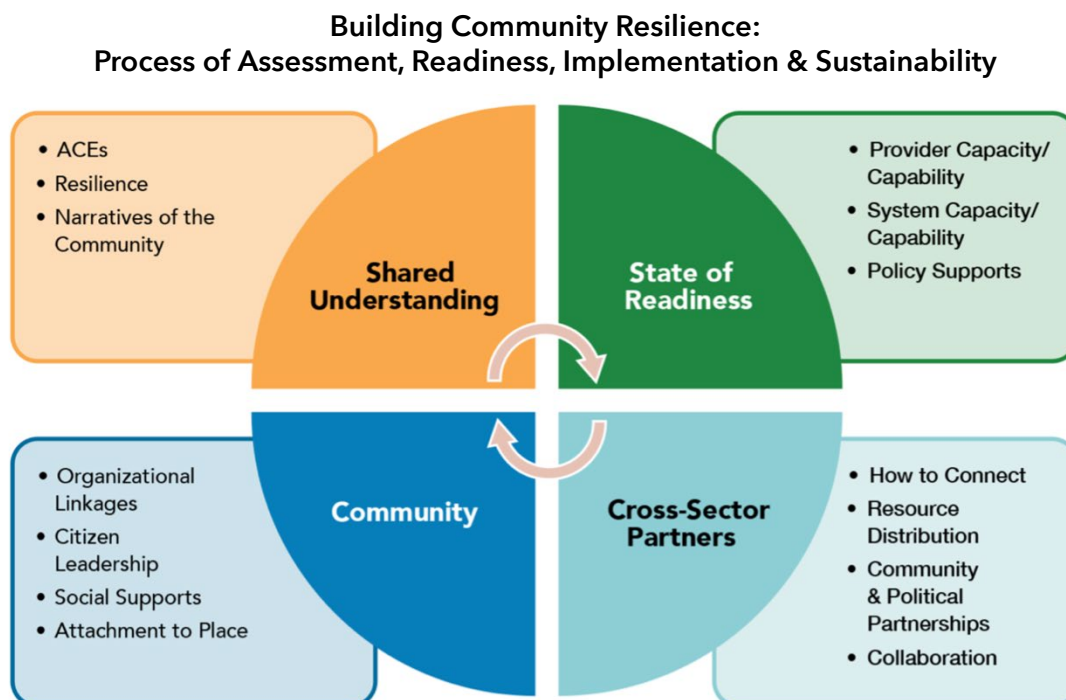
# Building a Coalition for Equity

## Using the Building Community Resilience Process

The Building Community Resilience (BCR) process helps coalitions connect the science of adverse childhood experiences, community resilience, structural racism, and the social determinants of health to real-world practice and public policy. **The BCR process facilitates collaboration across organizations and systems to drive measurable change by bringing together organizations that impact child and community health and wellbeing.** Housing, education, law enforcement and criminal justice sectors are critical drivers of child health and community outcomes that every sector has a role in supporting. Key partners in our coalitions include faith and arts organizations, social services, as well as pediatric care providers, health departments and grassroots community groups.

The BCR process offers a means for collaboration and coordination between a broad range of sectors, systems, and community, by using a systematic approach to achieve customized community action plans based on four central components:

- **Creating shared understanding** of childhood and community adversity, the narratives and perspectives of community, and a vision of equity and resilience.
- **Engaging community with humility and reverence** for resident expertise and lived experience in a way that shares power to co-create solutions aimed to achieve equity and community resilience.
- Collaborating with community partners, the coalition **assesses the collective state of readiness**, including an understanding of existing capacity, capabilities, strengths, opportunities, and policy supports from both a community and systems perspective.
- Using a continuous improvement approach, the process allows for **cross-sector partners to join in the movement** allowing for the development of a coordinated coalition that shares resources and builds political will for systems change.



Ellis, W. R., & Dietz, W. H. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model. *Academic Pediatrics, 17*(7S), S86-S93. <https://doi.org/10.1016/j.acap.2016.12.011>

# Communicating to Educate, Collaborate, and Co-Create

Our Pair of ACEs framing has helped a range of partners achieve shared understanding to map the systemic policies and practices (the roots) that produce inequitable outcomes for communities (the leaves and branches). At the Center for Community Resilience, we focus on housing, public education, and law enforcement and criminal justice, as those systems have the greatest influence on community outcomes. The Pair of ACEs tree has become an essential tool to communicate the complex relationships between adverse childhood experiences, adverse community environments (often referred to as social determinants of health), and the social and economic policies that drive differential outcomes by race and place.

**Why This Matters:** Coalitions and advocates use these tools to facilitate and deepen conversations about community trauma, systemic racism, and equity. Effective communication is key to building connections across a range of community members, stakeholders, and policymakers. Through collaboration and co-creation, this work has led to implementation of trauma-informed practice and community-informed policy change.

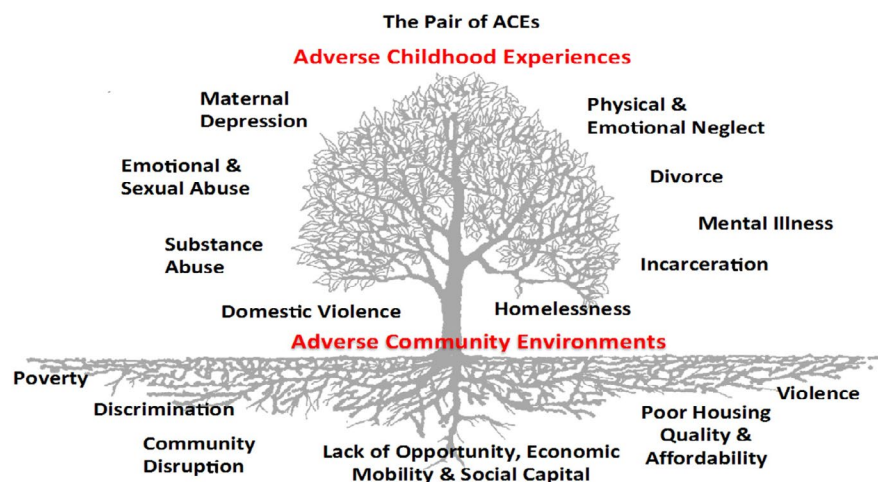
## Framing the Issue: The Pair of ACEs

### The Problem

Across the nation, more than 30 million American children are exposed to a range of adverse childhood experiences: family-level traumas that include abuse, neglect, and domestic violence as well as parental depression and incarceration. Community-level traumas, or adverse community environments, include limited economic mobility, community violence, and the associated effects of poverty and structural racism. They contribute to and compound adversities experienced in households by children and families. **Together, adverse childhood experiences in the context of adverse community environments are the 'Pair of ACEs'.**

### The Cost

Chronic exposure to the Pair of ACEs can result in health conditions such as heart disease, diabetes, substance misuse disorder, depression, and anxiety. Increased prevalence of community adversity such as lack of access to living wages or safe and stable housing, food insecurity, exposure to community or police violence, and under-resourced public schools can exacerbate and often predict the experience of childhood adversity. It is not hard to imagine how housing instability and food and economic insecurity increase household stress and contribute to individual and community trauma.



Ellis, W., Dietz, W.H., Chen, K.D. (2022). Community Resilience: A Dynamic Model for Public Health 3.0. *Journal of Public Health Management and Practice*, (28)1, S18-S26. doi: 10.1097/PHH.0000000000001413

Children of color face an increased risk of exposure to the Pair of ACEs and are significantly more likely to experience poverty. In 2019, Black people represented 13.2% of the U.S. population yet 23.8% of those living in poverty; Hispanic people represented 18.7% of the population and 28.1% of those in poverty. Disparities in many of our communities are driven by structural racism



embedded in policies and systems (see [Examining Our History](#) on page 6), which reveals a lack of equity in these communities.

**Applying an equitable approach to community requires the recognition that not everyone starts from the same place, or with the same advantages in life.**

### **The Opportunity: Building Community Resilience**

Resilient communities have strong, interconnected supports and systems that enable individuals and families to not only bounce back in the face of adversity, but also prevent chronic stressors so children and families can bounce forward and thrive. **We honor the fact that communities exposed to significant adversity possess wisdom and expertise that is critical to informing systems change.** Centering the expertise, lived experience, and narratives of community enable coalitions to build shared understanding with community and across sectors. This fosters trust, enabling coalitions to build social capital, co-create solutions with those most affected by adversity, and advance community-driven policy and practice change.

## **Multi-Generational Adversity: The Steep Price of Inequity**

The Pair of ACEs exacts a devastating toll on children, families, communities, and society as a whole. The disparities we see in nearly every measure of American life, particularly by race and by place, tell a story of inequity across generations.

Life expectancy is a basic measure of the health and wellbeing of our nation. Using the Pair of ACEs framing, life expectancy reflects not only the average years lived in a community but also the relative differences in access to the supports and resources that enable families and communities to thrive.

### *By the Numbers*

[Research published recently in \*The Lancet\*](#) on overall life expectancy in 2019 indicates that prior to the COVID-19 pandemic, significant gaps by race/ethnicity were “widespread and enduring.” It also showed significant place-based variation in life expectancy (for all race/ethnicity groups combined) ranging from 65 years to more than 90 years depending on the county; the range of life expectancy also varied within groups.

The COVID-19 pandemic decreased life expectancy for all Americans; in 2020 it dropped 1.8 years to 77 years and in 2021 it dropped again, by 0.9 years, to 76.1 years. Disturbingly, yet predictably, [CDC life expectancy data for 2020](#) found racial/ethnic disparities widened and advantages experienced by some minority groups were lost, largely due to the disparate impacts of the COVID pandemic. For example, from 2019 to 2020, the existing gap between white and Black life expectancies increased by 47.5% to 5.9 years, though the gap had been shrinking, going from 7.1 years in 1993 to 4 years in 2019. The Hispanic population, for example, lost most of its advantage relative to the white population when the life expectancy gap shrunk 83% between 2019 and 2020, dropping from 3.1 years to 0.5 years.

Life expectancy data reflect the massive - and disparate - impact COVID has had on loss of life by race. Other data reveal the effects of these losses on the youngest generation. [Research from \*Pediatrics\*](#) in 2021 estimated [140,000 U.S. children had a parent or primary caregiver die from COVID](#). Such traumatic loss can have significant adverse effects on child development. The research also found stark disparities by race/ethnicity: whites make up 61% of the U.S. population; 35% of their children lost a parent or primary caregiver. People of color make up 39% of the population, yet 65% of their children experienced this loss.

### *Data and Stories, a Powerful Combination*

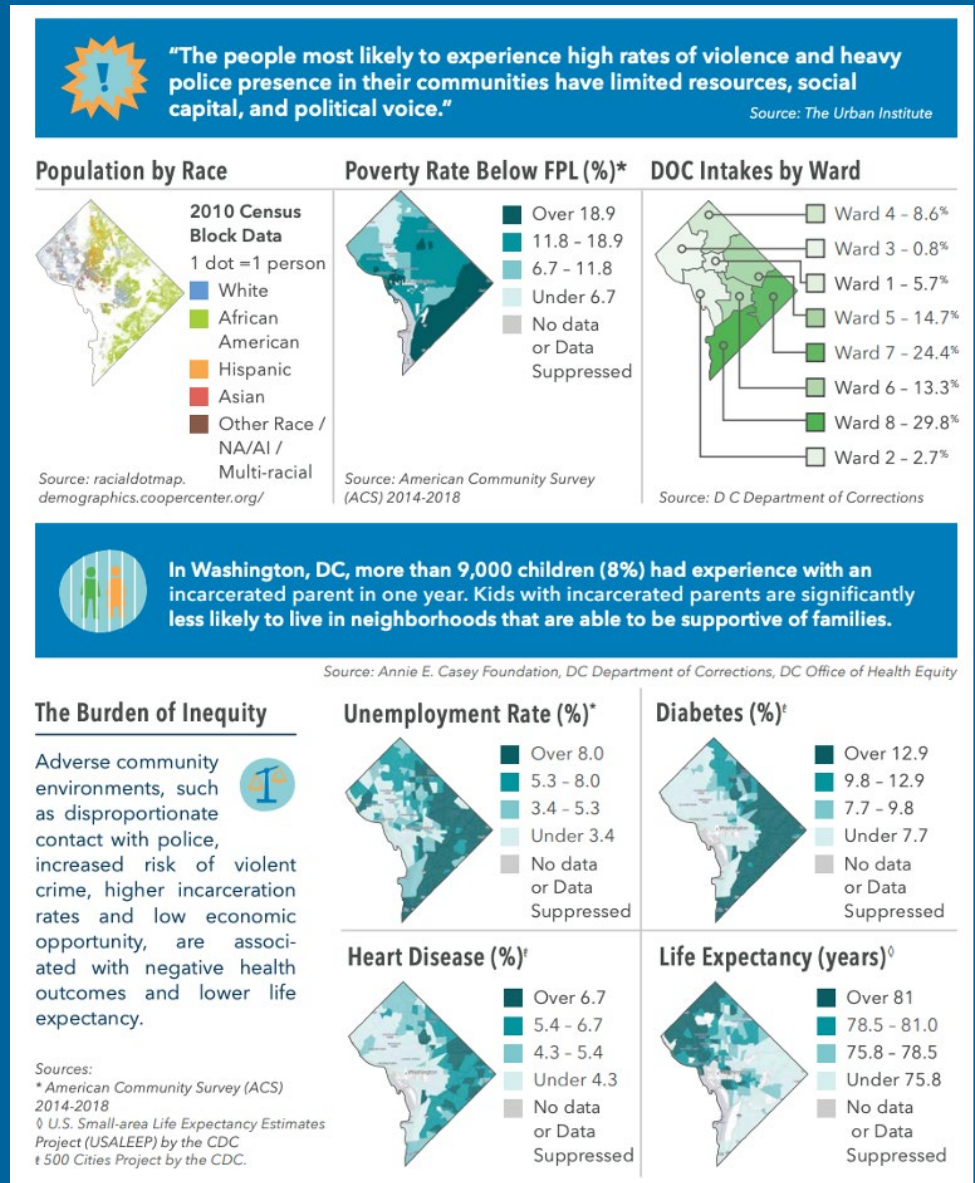
As seen throughout the pandemic, and in the numbers above, groups historically denied access to the supports and resources that enable resilience suffered the worst outcomes. Sharing these data along with stories of your community give a face and a voice to the numbers. Our national partners have found this combination to be a powerful tactic to inspire participation, foment action, and encourage collaboration.

# A Snapshot of Inequity: Visualizing Community Adversity

Using data from multiple sectors, you can begin to connect disparity by race and place to systemic inequities in outcomes and the number of resources available to prevent adversity, nurture growth, and foster economic and social mobility. The graphic below is from [Fostering Equity Module I](#) and helps to demonstrate adversity driven by policy and practice.

Wards 7 & 8, along Washington, DC's eastern and southern borders, are predominantly Black and experience an inequitable burden due to the Pair of ACEs. Policy and practice decisions over generations have influenced a pattern of disinvestment, geographic segregation, concentrated poverty, high unemployment, significant burden of disease, and shortened life expectancy by race and place. In contrast, more affluent neighborhoods with higher concentration of white residents have an abundance of resources and supports to promote health and wealth-building.

Following the gradient from left to right you can see Wards 7 and 8 have the highest intake rates by the Department of Corrections (DOC), which is reflective of increased police presence and differential community policing practices resulting in thousands of children with incarcerated parents—a form of childhood adversity.



**Pro Tip:** Using data and compelling graphics can help to communicate the effects of structural racism, and the disparities it drives, when examining specific policies and opportunities for change.

# Planning Outreach to Key Audiences

Consider the following points as you prepare specific messages and 'asks' for different audiences - keeping their perspectives, experience, and potential barriers to participation in mind. Use the [example grid](#) on the next page for guidance.



**Audiences** - Be sure to include outreach to these key groups:

- **Community members** possess expertise, lived experience, and peer influence.
- **Policymakers** hold voting and/or decision-making powers.
- **Community stakeholders** have relationships, direct involvement, or influence with community members and/or policymakers.



**Ask** - What do you want your audience to do? Remember, their decision to participate may be driven by the answer to the question, 'What's in it for me?' Be prepared with an answer that is in line with their values and motivations.



**Values / Currency** - Find out what key audiences care about. Where do the Pair of ACEs and efforts to build equity and resilience intersect with their work and values? What is their social currency?



**Barriers** - What social or organizational constraints might impede them from saying 'yes' to your ask?



**Pair Data and Stories** - Stories of real people make an abstract issue real, relevant, and connect us to shared humanity. Data can offer rigor and define the scope of an issue or impact of a policy. Pairing stories and data makes a powerful case, appealing to both emotional and logical sensibilities.

## KEY MESSAGES

1. The Pair of ACEs - adverse childhood experiences in the context of adverse community environments - 'get under the skin,' driving chronic health conditions and other negative outcomes for children and families. The Pair of ACEs harms wellbeing, decreases quality of life across generations, and limits the social and economic mobility of entire communities.
2. Resilient communities have strong, interconnected supports and systems that prevent chronic adversity and provide access to supports that enable children and families to thrive.
3. As the Pair of ACEs tree illustrates, disparities (seen in the leaves) can be connected to systemic inequities (seen in the soil) and a lack of access to the supports and resources that help individuals and families overcome community adversity.
4. Achieving equity requires understanding that not everyone starts from the same place or with access to the same level of resources from public systems and institutions to achieve optimal health and wellbeing. Fostering equity means we meet communities where they are and provide resources at the level needed to provide a fair and just opportunity to thrive.

## Example: Addressing Community Gun Violence

AUDIENCE	ASK	VALUES / CURRENCY	BARRIERS	DATA & STORIES	PAIR of ACEs MESSAGE
<b>COMMUNITY MEMBERS</b>					
Pastor Simmons, First Rock Church	Co-host a community conversation using the Pair of ACEs tree to help guide discussions on neighborhood gun violence.	Faith perspective, strong service presence in the community - provides childcare, food / meal support, COVID-19 testing & vaccines, etc.	We may be seen as 'newcomers;' his church already leads anti-violence efforts with the congregation.	<p><b>Data:</b> New city data indicates a spike in the rate of neighborhood youth being injured or killed by gun violence.</p> <p><b>Story:</b> Families in his congregation have been directly affected.</p>	We hope to collaborate & build on the good work of your ministry; using the Pair of ACEs tree in a community conversation, we can identify and target root causes, and create an action plan for residents to drive advocacy efforts that increase community safety.
<b>POLICYMAKERS</b>					
City Council-member Maxine Jones; chairs the Committee on Community Safety	Participate in the community conversation on gun violence & dedicate a committee meeting to a public hearing on the issue	Represents areas with high rates of gun violence and campaigned on increasing community safety and reducing gun violence; plans to run for re-election.	She's in the hot seat with grassroots groups who disagree with her vote to fund an out-of-state consulting group—with no ties to community—to address gun violence.	<p><b>Data:</b> New city data showing spike in community violence.</p> <p><b>Story:</b> Constituents' experiences with the impacts of gun violence</p>	Joining our movement will demonstrate your commitment to local organizations and leaders. You will hear from families and grassroots groups who live with gun violence everyday - offering ideas for City Council to collaborate with community members to address these issues.
<b>STAKEHOLDERS</b>					
Local Public Health Department	Attend the community conversation, listen, and explain the role of public health in preventing gun violence.	Organizational mission is to protect and promote community health and wellbeing through mitigation and prevention efforts	The Public Health Dept. has a limited budget to address gun violence, and this year's firearm injury prevention funding is allocated for suicide prevention.	<p><b>Data:</b> New city data showing spike in community violence</p> <p><b>Story:</b> Share how violence impacts other health outcomes (e.g., heart disease higher in neighborhoods that aren't safe to walk or exercise in)</p>	The city needs a broad coalition that includes a public health approach to identify & address the root causes of death / injury for young people. Local Public Health departments have a mission to bring multiple sectors together to design and execute community-driven solutions.

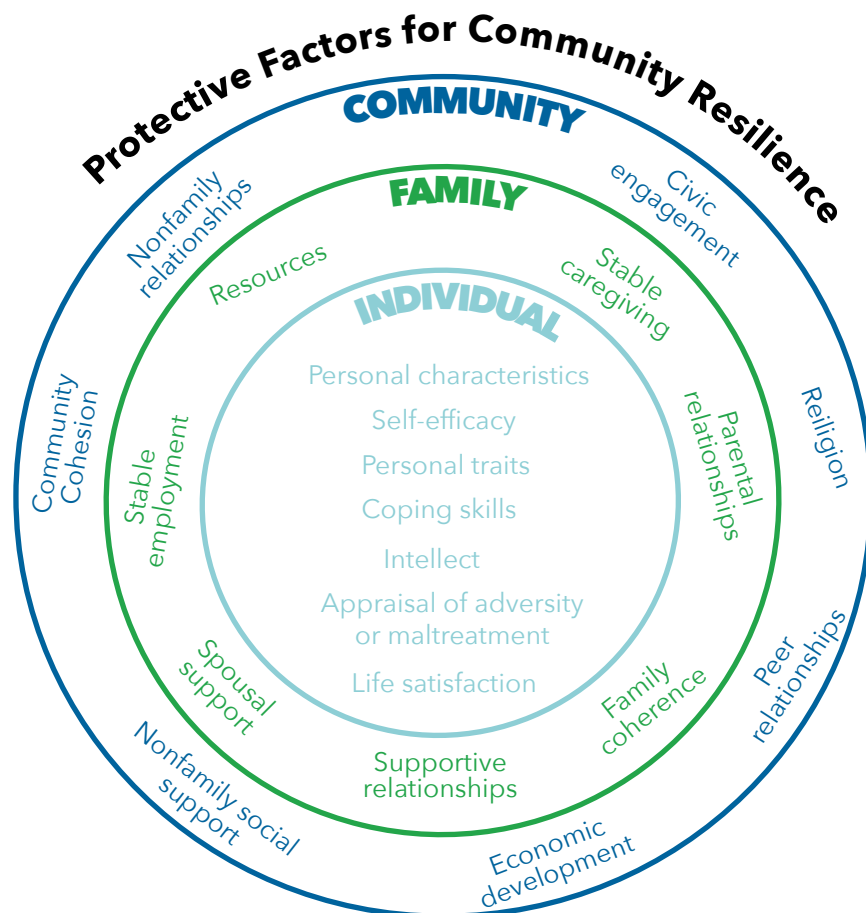


# Reframing for Resilience: Positive Childhood Experiences

The Center for Community Resilience aims not only to address and prevent the Pair of ACEs, but to bolster, connect, and strengthen a community's network of buffers – the supports and resources that heal and promote resilience. These protective elements are essential to resilience and can prevent or alleviate the effects of the Pair of ACEs.

## Buffers that Promote Resilience

It's important to understand the protective factors that promote resilience in children, families, and communities. With this knowledge, you can begin to identify the strengths that a coalition can build upon as well as opportunities to shore up, connect, or advocate for supports and resources. The graphic below describes characteristics and elements that can promote resilience. As you move from the outer to inner circle, you can see how protective factors in a community help to build and support factors that support family and individual resilience.



This graphic was created by CCR based on research by:

Afifi T. & MacMillan H. (2011). Resilience following child maltreatment: A review of protective factors. *Canadian Journal of Psychiatry*. 56(5):266-272.  
[doi: 10.1177/070674371105600505](https://doi.org/10.1177/070674371105600505)

## Positive Childhood Experiences

Positive childhood experiences (PCEs) are essential to resilience and act as a powerful counterbalance to the negative effects of adverse childhood experiences (ACEs). Positive experiences in childhood predict adolescent mental health and wellbeing and are protective of mental health even further in the future when they grow to adulthood. Critically, PCEs buffer the effect of ACEs. In adults reporting four or more ACEs, those with greater exposure to PCEs had far lower rates of depression and poor mental health: only 20% with 6-7 PCEs compared with more than 60% with 0-2 PCEs.

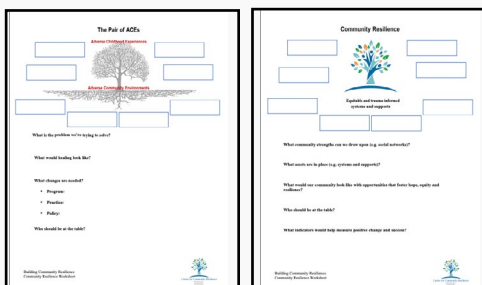
Your coalition's efforts to educate decisionmakers and policymakers around the importance of creating the community conditions that support PCEs provide an opportunity to frame solutions rather than present an agenda based on deficits. Presenting a vision for desired outcomes will help drive the program, policy, and practice changes necessary to foster a resilient community. **An ideal outcome is not merely the absence of adversity - community resilience is measured in equitable access to the resources that build protective factors so children and families can thrive regardless of race or place.**

## The Four Building Blocks of HOPE (Healthy Outcomes for Positive Childhood Experiences)

- **Relationships**  
Fostering positive relationships with other children and adults through interpersonal activities
- **Safe, Equitable, Stable Environments**  
Provision of safe, equitable, and stable environments for living, playing, and learning at home and in school
- **Social & Civic Engagement**  
The opportunity to engage in social and civic activities to develop a sense of belonging and connectedness
- **Opportunity for Social & Emotional Growth**  
Fostering emotional growth through play and opportunities to interact with peers for self-awareness and self-regulation

Sege, R. D., & Harper Browne, C. (2017). Responding to ACEs With HOPE: Health Outcomes From Positive Experiences. *Academic pediatrics*, 17(7S), S79-S85. <https://doi.org/10.1016/j.acap.2017.03.007>

## TUTORIAL: IDENTIFYING ADVERSITY, VISUALIZING RESILIENCE



CCR's Pair of ACEs and Resilience Trees help cross-sector collaborators—and the communities they serve—identify the root causes of adversity and create a shared vision of community resilience. Download these tools and the accompanying worksheets to learn more about envisioning, guiding, and measuring your work to foster hope, equity, and resilience. [Learn more...](#)

## Part III

# **Connecting the Dots: Mapping the Levers of Structural Racism to Drive Solutions**

# Mapping the Levers of Structural Racism in Your Community

Once you can identify the tools and tactics at work to uphold structural racism, you can organize to educate, collaborate, and co-create for equitable change on the path to community resilience. Below we use an example of current events, focusing on the ‘War on Truth’—as referenced in our [Policy Timeline](#) on page 7—to show how structural racism braids policy, practice, and narrative together to reinforce inequity. Applying skills of critical thinking and discernment, your coalition can assess a specific issue of concern to gain deeper understanding of the elements to be addressed.

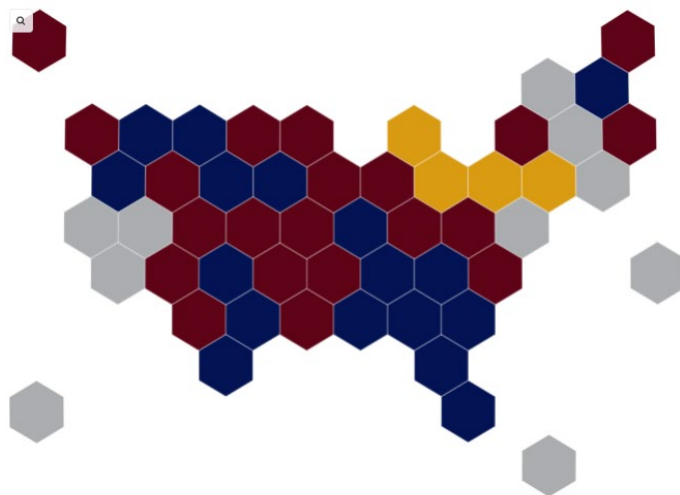
**Gather your coalition to answer the following questions and map out the levers of structural racism in your community.** Once you have a sense of your coalition’s observations on the elements that uphold structural racism, you can plan next steps.

- What is the **problem** you’re trying to solve?  
*Describe what’s happening in your community that concerns your coalition.*
- Who has **access to power**?  
*Is that access being increased, decreased, blocked, hoarded - and for whom?  
Describe the type(s) of power at play, who has access and at what level?*
- What **local policies** are of concern/at stake?  
*Describe how policies are impacting the community.*
- What’s the **history** of the community and how did we get here?  
*Research what may have initiated or influenced the problem under examination.*
- What type of **practices** are you seeing and what are the effects on the community?  
*Describe behaviors - of leaders or community members - as they relate to potential change.*
- What is the **dominant narrative**? Who benefits & who is missing from it?  
*Question and reframe dominant narratives (see [Fostering Equity Guide Module II](#))*

## Example Issue: ‘Anti-Critical Race Theory’ Laws and Mandates

### Map: Where Critical Race Theory Is Under Attack

- Bill was signed into law or a similar state level action was approved
- Bill has been vetoed, overturned or stalled indefinitely
- No state-level action or bill introduced
- Bill has been proposed or is moving through state legislature



1. **What is the problem you’re trying to solve?** Describe what’s happening in your community that concerns you.

*“Our local elected officials are limiting the ability of K-12 teachers to talk about race, racism, or teach the history of racism and discrimination in our country. They’re banning teachers from explaining how racism and discrimination - including by sexual and gender identity - hurt people and communities.”*



2. **Ask: What is happening with access to power?** Is it being increased, decreased, blocked, hoarded – and for whom? Describe the type(s) of power at play and what happens when someone controls access. (Learn about the types of power in [Fostering Equity Guide Module III](#)).

*“Knowledge is an important form of power. Controlling access to information is a way of keeping everyone ‘in their place’ and maintaining the status quo (or dominant power structure). These new rules will prevent my grandkids and their fellow students from learning about the real and painful inequities of living in America.”*

*“If you can’t learn about or speak to the truth of what’s happened, how can you right the wrongs to build a better world? These new rules seem to only help those who have benefited most from inequity.”*

3. **What local policies are of concern/at stake?** Describe how these policies (would) impact community.

*“At the state and local levels, school boards and legislatures began drafting, approving, and passing policies that ban the teaching of so-called ‘divisive concepts’ around race and racism. These policies target K-12 education but could also impact what is taught in our state colleges and universities. Often they are labeled as “anti-Critical Race Theory (CRT),” but more aptly they seek to suppress the teaching of history.”*

*“If you can’t speak about it, you’re less likely to be able to address the root cause of inequity. Seems like that’s the end goal with these efforts. Families who face barriers, racism, or discrimination are not served by these new mandates. What our community needs is to remove barriers to opportunities – affordable housing, good schools, good jobs – not punish teachers for teaching American history in full.”*

4. **How did we get here?** Understand what may have initiated or influenced the problem.

*In September 2020, President Donald [Trump issued an executive order \(EO\)](#) restricting the federal government, its contractors, and grantees from efforts to address inequity and disparities in the workplace, including censoring language related to racism or sexism that the order deemed “divisive concepts.” The order effectively banned diversity, equity, and inclusion (DEI) training and education on structural racism as historical fact (as seen in the CCR policy timeline). In one of his first acts after taking office in 2021, President Joe Biden reversed the Trump Administration order, replacing it with an [executive order to advance racial equity](#). Unfortunately, the language in the Trump-era EO has served as a blueprint across many states and municipalities to establish local laws and mandates to limit discussion of racial inequity and policy change.*

5. **What type of practices have the most detrimental effects on the community?** Describe behaviors of leaders or community members as they relate to the potential and need for change.

*“Banning discussion of historical fact is pitting the community against one another – from families at school board meetings to students in the cafeteria.”*

*“This is intimidating, alienating, and frustrating to members of our community who see major parts of history and experience being invalidated and treated as if it never happened.”*

*“Instead of learning from a telling of our full and accurate history, supporters are doubling down on division, separation, and segregation – with no hope of creating solutions.”*

## 6. What is the dominant narrative? Who benefits and who is missing from the stories being told?

*“Local elected officials say that teaching ‘divisive concepts’ (about race, racism, gender, sexism, etc.) could make some people ‘feel uncomfortable, guilty, experience anguish, or other psychological distress based on their race or sex.’ What about the distress of having your history erased? Or the actual anguish of having experienced racial harm? The justification of banning talk or teaching historical truth seems to only protect people who already hold advantage or power and does little to acknowledge the harm done to others.”*

*“People who support these bans say it’s necessary to protect young students from “Critical Race Theory (CRT).” ‘Anti-CRT’ has become a rallying cry, but the truth is, educators aren’t teaching ‘Critical Race Theory’ in K-12th grades.”*

## Take Action

### Reflect: What Did We Learn and Where Do We Stand?

Assess your coalition’s answers to the previous questions and consider ways to target the elements upholding structural racism. What did you learn about where your coalition stands on the issue? Look for themes. Challenge messages that stoke fear with messages of hope that uplift the benefits of building a resilient, equitable future for children and families.

#### Strategies to Dismantle Structural Racism and Foster Equity

- Lean into hope, resilience, and equity as antidotes to fear, status quo thinking, and structural racism.
- Connect place-based history and facts to paint a picture of how past decisions resulted in the present inequitable outcomes in your community.
- Engage in power sharing and power building to cultivate collective will for policy and practice change.
- Challenge dominant narratives that reinforce inequity and create new narratives—rooted in community voice—in support of equity.
- Outline and advocate for local policies and practices that serve and protect community health and wellbeing.

Use CCR’s [Fostering Equity Guide](#) and the [Pair of ACEs & Resilience Tree Tutorial](#) and [Worksheets](#) for more guidance.

#### Define the Issue, Develop Key Messages, Make It Local

To bring new coalition members to the table, you will need to agree on language and key messages. Developing a concise ‘cheat sheet’ that can be shared, in-person or electronically, will be useful to ensure clarity and consistency in outreach efforts. Connect the themes from your coalition’s answers to the [mapping structural racism questions](#) on page 19. Effective messaging:

- defines the issue of concern and outlines what’s at stake;
- connects to history;
- pairs local data with the stories from community; and
- includes an ‘ask’ or call to action that invites participation and collaboration.

**Pro Tip:** Be sure to avoid jargon. Every sector, industry, and organization has its own terms, which can be off-putting or may not resonate with those who aren’t familiar with the inner workings of that group. Make sure the language you use has a common meaning with your audience. See the next page for an example ‘cheat sheet’ with sample messaging.

## Example Cheat Sheet

Use this example of a fictional town called Fairview to help you craft your own key messages.

### Our Concern:

*Some of our elected officials are working to ban educators from teaching specific parts of our nation's history. Censoring the painful, yet factual parts of our past about racism and discrimination robs our community of the truth and the ability to redress harm.*

### What's at Stake:

*Banning the truth of our past will cost us the ability to build a more equitable future. Without understanding how racism and discrimination shaped laws and policies, we cannot tackle their impact in our community today. If we don't face our history, we're doomed to repeat it, such as the historical displacement of Black communities during many of the Urban Renewal projects of the mid-20th century. The same thing is happening today in the form of gentrification of many historically Black communities.*

### The Opportunity:

*Let's meet the 'anti-critical race theory' mandate with critical thinking and honest discourse. Facing our history instead of censoring it, we create the opportunity to learn from past wrongs and take ownership of the future. Together, we can chart a path in which every child and family has access to opportunity and resources necessary to thrive.*

### Take Action:

*Join us for a community conversation. We're a group of concerned neighbors who want to uplift our children, the truth, and one another. Our goal is to create safety, affordability, and opportunity for all. Join the conversation, join the coalition.*

## Local History - What's Past is Present

**Did you know?** In the early to mid-1900s our city had a robust Black community that was home to doctors, bankers, and educators, as well as schools, retail shops, and a Black-owned bank that provided access to credit that white banks refused to make available. In the late 1950s, 'Urban Renewal' resulted in a highway cutting right through the neighborhood (near today's Fairview exit), demolishing the community literally and figuratively. **As a result, only 5% of the families own homes in the area today.** The vast majority of Black wealth that had been built was erased and many of the families displaced, wiping out any chances for building community and family wealth, and economic prosperity.

"We had a life, a thriving community, a culture," explains Emory Jones, 90, whose family owned a grocery store. "Fairview was our neighborhood until eminent domain took it away, but nobody talks about it. Banning schools from teaching real history is painful - especially because I see the community destruction happening again today with Black and Brown families being pushed out for expensive new condos."

# Glossary



*Below are key terms and concepts that are applied in our work at the Center for Community Resilience. Reviewing these concepts will help you develop a shared understanding with community partners and policymakers. These terms provide a common language and understanding of approach and elements needed to foster an equitable and resilient community.*

- **Adverse Childhood Experiences.** A large body of [public health and early childhood development studies](#) indicate [adverse childhood experiences](#) pose a [higher risk for negative health](#) and social outcomes across the lifespan. Safe, stable, nurturing relationships and environments, as well as protective factors within a community, are essential to prevent and heal from emotional, physical and psychological abuse and community adversity. The science of Adverse Childhood Experiences (ACE) indicates strong linkages between traumatic or abusive childhood events and the nation's leading chronic diseases including heart disease, diabetes, obesity, substance use disorder, and learning disabilities. Within the family context, adverse childhood experiences can include physical, sexual and emotional abuse; physical or emotional neglect; physical punishment; witnessing domestic violence; household substance abuse; mental illness within the household; incarceration; parental separation/divorce; or child separation from the family. Recent studies have expanded our understanding of adverse childhood experiences to include the experience of racism, discrimination, and the effects of poverty including food insecurity and housing instability.
- **Adverse Community Environments.** The effects of adverse childhood experiences are compounded when they occur in the context of adverse community environments such as living in areas of concentrated poverty where public policy, business and economic investments influence systemic inequities ([Pinderhughes, 2016](#)). Community inequities include limited economic mobility and access to social services, poor housing conditions and other community-based stressors such as violence, under-resourced schools, and limited access to public transportation or economic mobility. The lack of resources and supports combined with systemic inequities such as unjust policing practice or high unemployment result in adverse community environments for children and families.
- **Community Resilience.** Community resilience helps us understand how well a community can bounce back from acute shocks (such as natural disasters) as well as prevent and mitigate exposure to chronic adversity such as poverty and violence. CCR expands our understanding of community resilience to include policies and public infrastructure that have been intentionally limited in low-income and communities of color. A key measurement of community resilience is the level of access to resources that help stabilize a neighborhood such as affordable housing, well-resourced public schools and fair policing practice ([Ellis, Dietz, & Chen, 2022](#)). Elements such as these help to promote social cohesion and foster social capital. When the infrastructure of a community promotes wellbeing, children are more likely to thrive and parents are more likely to be engaged in civic participation—advocating for the needs of residents. A resilient community is one where systems provide supports for health and wellbeing, prevent chronic adversity and provides the supports needed to bounce forward and thrive.
- **Equity.** Equity requires we meet community where they are to provide the supports needed to thrive. Equity encompasses the understanding that not everyone starts from the same place, or with the same advantages in life, nor is everyone treated with care and value by our systems, institutions, or other people. Equity is not equality—a practice often used in public policy that dictates everyone receives the same allocation of resources and supports. Public school funding is an excellent example of the shortfalls of applying equality - meaning all schools receive the same amount of funding. In higher income communities, budget shortfalls are often covered by fundraisers in well-organized parent teacher associations or generous community donations. In lower-income communities, the lack of discretionary capital in families limits the ability to purchase extras such as new technology and equipment, athletic uniforms, or books for the library. Therefore, the resource gap between public

school education in well-resourced locales vs. communities with little discretionary money widens under an equality formula. An equity formula would consider the needs of students in lower-income neighborhoods and provide funding that meets the needs of the children with the capacity of their community. This may include school-based mental health services or additional funding for library resources and classroom supplies. As the above example describes, equity is an actionable process that aims to 'make whole' individuals and communities harmed by structural racism and other forms of discrimination and disparity. (See a broader discussion of Equity in [CCR's Fostering Equity Guide](#)).

- **Social Capital.** An indicator of social cohesion, social capital refers to the resources that are available to and shared by a community, [according to HHS' Healthy People 2030](#). CCR tools and our BCR processes supports coalitions in building social capital and social cohesion for policy, practice, and systems change.
- **Social Cohesion.** A critical component to support resilience in a community, social cohesion acts as a binding agent or connective tissue. According to the U.S. Department of Health and Human Services' (HHS) *Healthy People 2030*, [social cohesion](#) "refers to the strength of relationships and the sense of solidarity among members of a community."
- **Social Determinants of Health.** The conditions in which people are born, work, learn, live, play, and age— and the wider set of forces and systems shaping the conditions of daily life – have a direct impact on health outcomes, from one's likelihood of developing chronic diseases to life expectancy. According to the World Health Organization, the forces and systems that impact health outcomes also include economic policies and systems, development agendas, social norms, social policies, and political systems.
- **Structural Racism.** Structural racism is defined by an array of historical, cultural, institutional, and interpersonal practices and policies that systematically advantage white people while intentionally producing adversity and inequity for people based on race, ethnicity, and class ([Ellis, Dietz, & Chen 2022](#)).
- **Trauma-Informed Practice.** This is an approach to delivering care and service that considers a person or child's emotional response to trauma in relationship to their life experience. [According to the Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#), trauma-informed practice: 1) realizes the widespread impact of trauma and understands potential paths for recovery; 2) recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; 3) responds by fully integrating knowledge about trauma into policies, procedures and practices; and 4) seeks to actively resist re-traumatization (i.e., recurring exposure to ACEs).

# Appendices

## Additional CCR Resources

In keeping with our values, the Center for Community Resilience provides our entire suite of tools and resources for free to all communities. Our guides, webinars, videos, blogs, etc. can be accessed from our website: [ccr.publichealth.gwu.edu](http://ccr.publichealth.gwu.edu). We hope you'll join us in the Resilience Movement!

## External Resources

- **Centers for Prevention and Disease Control - Adverse Childhood Experiences**  
<https://www.cdc.gov/injury/priority/aces-priority.html>
- **Center on the Developing Child at Harvard University**  
<https://developingchild.harvard.edu>
- **Healthy Outcomes from Positive Experiences at Tufts Medical Center**  
<https://positiveexperience.org>
- **PACEs Connection (formerly ACEs Connection)**  
<https://www.pacesconnection.com>
- **Campaign for Trauma-Informed Policy and Practice**  
<https://www.ctipp.org>



# Community & Partner Engagement

The tools in this section can help you identify potential partners and think strategically about addressing the Pair of ACEs while bolstering existing strengths to build an equitable, resilient community. In the early stages of coalition-building, the local, regional, and statewide collaboratives that comprise the CCR Network have typically begun with a core team that includes educational systems, pediatric health care partners, public health departments, child and family social service organizations, and city government.

As they've deepened the shared understanding among their coalition and become more adept at recognizing policy, program, and practice levers to act upon, CCR collaboratives have expanded to include a broader range of sectors and organizations. Below is a list potential partners to consider. The coalition building tools in this guide will help you assess and strategize for potential partner outreach.

## Cross-sector Partners to Consider

- Community Mental Health Agency/Programs
- Federally Qualified Health Centers
- Substance Use Prevention/Treatment Centers
- Hospital or Health Care Institutions
- School Health Professional Organizations
- School District/Education Organizations
- Parent-Teacher Associations or Organizations
- Family Advocacy Organizations
- Department of Health Agency/ Programs
- Department of Social Services Agency/Programs
- Department of Recreation Agency/Programs
- Department of Child Welfare Agency/Program
- Department of (Juvenile) Justice Agency/Programs
- Local Police Departments
- Community Club/Organizations
- After-school Program Providers
- Local Foundations
- Universities or Colleges
- Faith Organizations
- Elected Officials
- Elected Community or Neighborhood Representatives
- Town Council/Community Organizers
- Mentoring/Youth Development Organizations
- Parent Groups (school connected or otherwise)
- Community Service/Volunteer Organizations
- Housing/Community Development Sector
- Local Businesses/Retail Sector
- Manufacturing
- Arts/Theater Groups
- Music/Cultural Groups
- Food/Hospitality Industries
- Environmental/Outdoors Groups

## Community Engagement Strategies for Equitable, Measurable Systems Change

CCR recognizes that equity and resilience are only possible when we systematically prioritize and elevate community expertise and lived experience. Engaging community with humility and reverence for their knowledge, sharing power, and co-creating solutions to drive equity and resilience are foundational components of CCR's work.

CCR understands that our systems do not meaningfully prioritize the communities they purport to serve. While some conduct 'community engagement' exercises or conversations for input on policy changes, rarely do these exercises translate into the co-creation of solutions that would deliver meaningful, measurable change driven by community's expressed desires and needs. Similarly, when community is sought for input to improve outcomes, rarely is it through a process that reciprocates or compensates their expertise in ways deemed useful or valuable to the community.

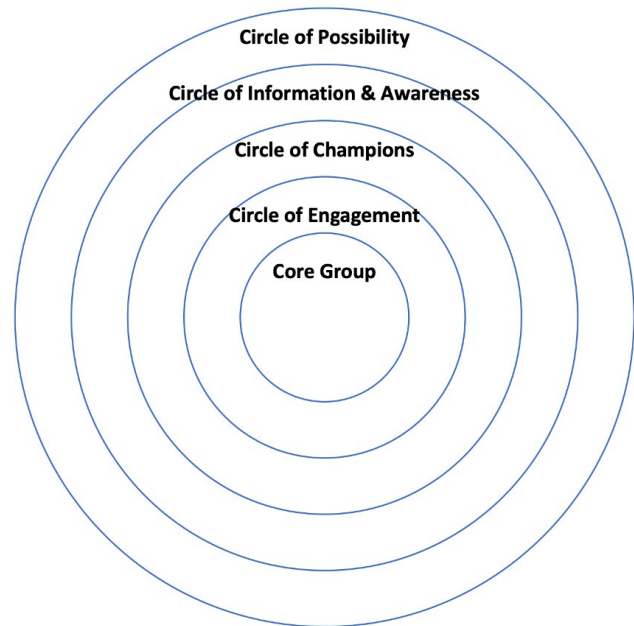
CCR's [Fostering Equity Guide Module III - Community Engagement Strategies](#) provides in-depth guidance and recommendations for your coalition to center community for partnership, co-creation and systems change.

# Circles of Influence: Assessing Relationships

The Circles of Influence tool can be used to think through and organize your existing relationships and brainstorm potential partners for coalition-building. Categorizing your relationships with this tool can help you develop a protocol of who to communicate with and when, including for day-to-day activities, planning, decision-making, consulting, or informing. Systematically revisiting and updating the tool can help you identify relationships that may benefit from outreach, adjustment of roles, or new areas of collaboration.

## Defining Your Circles

- **Core Group:** This is the team that will do most of the day-to-day work and engage in planning, decisionmaking, and mobilizing others. These are the people responsible for carrying out your resilience and equity work and can always be counted on to step forward when needed.
- **Circle of Engagement:** This group is committed to the work and can be called on for specific tasks at particular times. They don't see themselves as the prime drivers of the work but are willing to assume a share of responsibility. Some may become increasingly engaged and move into the core group.
- **Circle of Champions:** Champions typically hold leadership positions within the community and are either already involved in your resilience and equity work or need to be brought in. They're likely not part of the day-to-day but can help open doors and make connections that can help the work move forward. They need to be kept informed of what's happening (big picture) and where and when to plug in without having to be involved in the granular details.
- **Circle of Information & Awareness:** This group is not very close to your resilience and equity work but should be kept in the loop as they're in positions to either lend support or slow down your progress. This group may also have a stake in the outcome of your work, perhaps because they are in a community or sector that might be impacted. They should be respected, including occasional outreach to update them on what's happening and to offer their input. They might move into the Circle of Champions group.
- **Circle of Possibility:** These are individuals who don't immediately come to mind as being related to resilience and equity work, but they might be inclined to find common cause with you. They could turn out to be a partner or be helpful in some way. Think creatively about who might fall into this category; they are likely outside of your regular professional circles.



*This tool was developed by Technology of Participation and is used by the National Association of County and City Health Officials (NACCHO), an important CCR partner.*

