MARC

MOBILIZING ACTION
FOR RESILIENT COMMUNITIES

Making Change Happen: Roles Played by ACEs, Trauma, and Resilience Networks

OVERVIEW

Over 350 multi-sector, community-based networks organized around the science of Adverse Childhood Experiences (ACEs), trauma, and resilience (ATR collectively) operate in towns, cities, regions, and states throughout the United States.[1] Many networks have existed for over a decade, while others are just developing. The level of experience of a network in a community as well as the community context itself shapes the types of roles networks play in effecting change. Networks may be working towards similar outcomes and engaging in many roles, but they are often distinguished by the pattern of their work that characterizes how they achieve most of their outcomes. Through these roles, they create and foster information exchange and shared learning, and provide mutual support. ATR networks can assume roles that are beyond the scope of any one organization, thereby potentially having broader impact in preventing and mitigating the public health burden of ACEs and fostering resilient communities. The Mobilizing Action for Resilient Communities (MARC) initiative brought together 14 existing networks across the country to reduce trauma and promote resilience in those communities as well as stimulate broader regional and national change. This brief describes key roles networks can play in effecting community change, drawing from across these 14 communities in the U.S.

MARC Cross-Site Evaluation

The MARC evaluation studied 14 ATR networks participating in a learning collaborative coordinated by the Health Federation of Philadelphia. Using a cross-site longitudinal design (2015-2018) the evaluation examined characteristics of networks, approaches taken to address ACEs and trauma and promote resilience, and the outcomes that have taken place in their communities.

Data collection included monthly reporting by the communities, review of MARC community bi-annual progress reports, document and website review, a network survey, and outcome harvesting.

Outcomes occurred across several sectors, including education, community development, and healthcare, often at multiple levels within each, including the agency, city, county, and state levels. The majority of outcomes involved the implementation of practices that are trauma-informed or promote resilience (see Exhibit 1). Other types of outcomes included establishing relationships, instituting policy changes in organizations, fostering public policy outcomes, stimulating funding changes, informing data changes, and expanding the network model to other communities.

Exhibit 1. Examples of Network Outcomes: Trauma-Informed Practices

Adoption of practices within organizations
Expansion of a trauma-informed classroom in 20 schools in Boston

Adoption of training and training curricula that fostered trauma-informed practices
Mandatory ACEs training for all nurses in a prominent local hospital in Montana

Changes to the physical environment
Redesign of an ER room at an Illinois hospital for victims of domestic violence

Adoption of self-care practices
Introduction of specific resilience practices into a large, private-sector company by a wellness specialist

When we examine the nature of the network outcomes, their type, and reach, we find few differences across the sites. Sites do distinguish themselves, however, in **how** they approach change.

Although many of the networks engage in similar activities such as awareness building and training, they cluster into groups based on the process they use for enacting change. It is important to note that the networks bring about change through a combination of many of the strategies outlined below, but have been categorized based on the most prominent type of roles they played to generate change.

Types of Network Roles

Trusted Source and Collaborator

Three MARC networks created change primarily as a trusted source and collaborator. In this role, a network was often sought after by a variety of stakeholders for its expertise, input, and collaboration. In some cases, the networks offered expertise proactively. In these networks, many of the network members were also members of other local and state initiatives that addressed trauma, resilience, and children's mental health and were involved in activities related to ACEs and resilience within their own organizations and initiatives. Networks in this role operated as hub and spoke models, in which network staff attended regular community coalition meetings, served as a resource for the community, and acted as both a thinking partner and an action partner for other organizations and initiatives.

Exhibit 2. Common Network Roles

Example of Trusted Source and Collaborator

The local visibility of the Resilient KC network accelerated its partnership with Sesame Workshop, the nonprofit organization behind Sesame Street. Sesame Workshop saw value in the infrastructure (relationships, respect, organizing principles) provided by Resilient KC and wanted to partner with them on the Sesame Street in Communities initiative. The partnership, involving several Kansas City organizations and institutions including the Greater Kansas City Chamber of Commerce, Resilient KC, Crittenden, Children's Place, and the Mayor's Office of Kansas City, MO, provided resources to support the community's work around early learning, health, and resiliency building, including a new trauma-informed curriculum and training in trauma-informed practices. Sesame Workshop envisions its work in Kansas City to be a long-term effort involving partnerships with a variety of educational, health, and civic organizations.

Community Change Partner

Three MARC networks worked directly with organizations in the community to create change. These networks engaged in a variety of interrelated activities, all focused on increasing community engagement, including facilitating conversations and collaborations among providers, agencies, and community members; funding projects to foster relationships between the police and community organizations; funding mini-grants to develop local projects that "create pathways to greater resiliency" within the community; and bringing together grant recipients' communities that have been historically marginalized, such as African American and Latinx communities.

Example of Community Change Partner

Boston's Vital Village Network focused on engaging community residents and deepening partnerships with local organizations, including Boston's Local Initiatives Support Corporation, to collect data that can inform the action plan for the Male Engagement Network (MEN). The MEN initiative supports men of color residing in Vital Village's three target neighborhoods to increase engagement of young fathers in their child's well-being. Through its evaluation activities, the network staff created a survey and developed focus group opportunities by collaborating with local organizations and deepening community engagement that informed the MEN's action plan.

Networks Working Through Members

Several of the MARC networks particularly stood out as having many of their outcomes achieved through the efforts of their prominent community leaders and well-known organizations. Similar to the networks that serve as a trusted source and collaborator, many of the members in these networks were also members of other local and state initiatives that address trauma, resilience, and children's mental health and were involved in activities related to ACEs and resilience within their own organizations and initiatives. These high-profile members served as change agents either through their own work or by providing training and technical assistance on ACEs, trauma, and resilience to offer guidance on becoming trauma-informed anchor institutions for addressing adversity in their communities.

Example of Networks Working Through Members

The Illinois ACEs Response Collaborative comprises several nationally known individuals and well-established organizations already doing ACEs-related work. Many of the outcomes achieved during the MARC collaborative are through the efforts of its members, either in their own organizations, such as the Chicago Department of Public Health, or serving as change agents with others, such as the University of Illinois Hospital and Health Sciences System and Chicago City Council. Examples of outcomes include increased trauma-informed practices in areas of clinical operations at the Chicago Department of Health; trauma screening at the Swedish Covenant Hospital; a faith-based initiative focused on building trauma-informed congregations; trauma-informed practices at Cicero Police Department; and several changes in the content and implementation of the Youth Risk Behavior Survey (YRBS) and Behavioral Risk Factor Surveillance System (BRFSS) by the IL Department of Public Health.

Networks Focused on Creating Change through Chaining of Strategies

Although most networks engaged in their work through multiple strategies, including active outreach, awareness building, working through members, and training, this category of network role was characterized by the combination of two or more of these approaches in bringing about change. Although each network's process for chaining the strategies was tailored to its own context, these networks most often conducted active outreach and advocacy to individual organizations and individuals combined with sharing of expertise and information.

Example of Networks Creating Change Through Chaining of Strategies

The Resilience Network of the Gorge invited individuals, including elected officials and organizations, to become involved in the network by sharing information through forums and presentations to create awareness and interest in ACEs and resilience. The network coordinator then followed up with individual organizations that were interested in learning more and needed guidance on how to apply the knowledge to their own organization. Often, following the training, the MARC network coordinator provided continued support and resources as needed to support the implementation of trauma-informed practices or policies, including one policy signed into law that encourages state officers, agencies, and employees to become trauma-informed.

SUMMARY & IMPLICATIONS

Networks often have similar goals and work towards similar outcomes. They differ, however, in their approach to achieving these outcomes and the roles they adopt. Most MARC networks did not start out by intentionally pursuing the role that they ultimately took, but rather it evolved based on the composition and experience of the network and its members, and the nature of the opportunities that arose. Some networks enacted change through more than one role, which evolved over time and in response to the changing context. Thinking strategically about the role or roles a network can play can maximize its strengths and assets within the context of the needs in the community.

As noted, networks across the country are working to increase awareness about ACEs, trauma, and resiliency, and guide and foster trauma-informed practices and policies. It may be beneficial for many of these networks, especially those more newly organized, to think critically about the roles they play within their community context, and possibly modify and tailor their type of role to align with their network strengths. It is also possible that a network can change its role over time, as it gains more experience, grows and diversifies, and as the community context changes. In newer networks, for example, it may make sense to conduct a chaining of activities, both to create change in the community with individual organizations as well as to grow the network by recruiting these organizations to become part of the network. As the network matures, accomplishes outcomes, and gains collective knowledge and visibility, it may shift into doing much of its work as a trusted source, being sought out to apply the expertise in a range of practice and policy situations.

[1] M. Hargreaves, unpublished report, June 2020.

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