Mobilizing Action for Resilient Communities through Policy and Advocacy

A TOOLKIT FOR TRAUMA-INFORMED, CROSS-SECTOR NETWORKS

MARC a program of the HEALTH FEDERATION OF PHILADELPHIA
The California Endowment
ACEs Connection
CTIPP Campaign for Trauma-Informed Policy and Practice

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About the toolkit

This toolkit was inspired by the passion and resourcefulness of network leaders we met through the Mobilizing Action for Resilient Communities (MARC) initiative. Partnering across sectors to leverage the science of adverse childhood experiences, trauma, and resilience, these leaders have honed their collective ability to utilize a wide array of tools, including advocacy and policy change, in order to create the space in their community for transformation.

If you're reading this toolkit, you might be a leader yourself, working alongside others as part of a network, coalition or other collective, to make your community a place where all can and do thrive. Our intention with this resource is to encourage the understanding that policy and advocacy are critical and necessary for achieving these network goals. We aim to broaden the realm of possibility in regards to the policy solutions we seek and the network roles we undertake to achieve them.

On the pages that follow, look for these icons to:

- Find more information on the underlined topic in our Additional Resources section.
- Share a response by emailing MARC at MARC@HealthFederation.org.

For additional tools and inspiration to unlock the power of networks, visit MARC.HealthFederation.org.

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Introduction

Adverse childhood experiences (ACEs) and trauma are undeniably complex and extremely prevalent problems. In any community, they can negatively affect the health and well-being of individuals across the lifespan, their families, and even future generations. In some communities, inequitable social conditions contribute to the accumulation of disadvantage and result in disproportionately high exposure to early childhood adversities (McEwen & McEwen, 2017). No one organization or sector is powerful enough alone to prevent ACEs and trauma or mitigate their impact. Together, however, we can mobilize action for resilient communities.

Over the last decade, thousands of individuals in hundreds of communities have been doing just that by forming cross-sector **networks** organized around the powerful science of ACEs and trauma (referred to hereafter as "networks"). Momentum continues to grow as networks take shape at all levels—towns, cities, regions, and states—across the country and beyond. What they have in common is a collective vision to create healthier and more equitable communities by building **resilience**. This toolkit was written by *networks for networks* to make that vision a reality by building capacity to take an active role in informing policy.

See Additional Resources:
- *ACEs Connection*
- *Prevention Institute*

ADVERSE CHILDHOOD EXPERIENCES (ACES): *Potentially traumatic events occurring before age 18 that can have negative, lasting effects on health and well-being (Felitti et al, 1998)*

NETWORK: *In this toolkit, "network" refers to a group of residents and organizations or entities representing diverse perspectives across neighborhoods and sectors in a geographically-defined community that are leveraging the science of ACEs and trauma to build relationships, convene regularly, and advance a common agenda around resilience.*

RESILIENCE: *We define "resilience" as the capacity to bounce forward from adversity. This is not the same as bouncing back to baseline, nor is it limited to individuals. For example, at the systems level, bouncing forward looks like identifying and taking subsequent steps to eliminate structural injustice, such as racist sentencing practices that disproportionately send people of color to jail (Nellis, 2016) and thus increase ACE scores for their children. At the community level, it looks like creating the conditions that will help provide the necessary safety and support when adversity does strike, such as access to paid sick leave.*

Why policy and advocacy?

Policy and **advocacy** are critical tools for building resilience. In public health, for example, policy change was vital in each of the 10 great achievements of the 20th century (Brownson, Chriqui, & Stamatakis, 2009). Currently, a host of policies at the federal, state, and local levels needs to change to reflect what science has taught us about the causes and effects of childhood, adult, intergenerational, and community trauma. Achieving policy change of this significance and magnitude, however, requires multiple strategies. At a minimum, there is the need to educate elected officials about ACEs science, trauma-informed programs, and legislative or regulatory changes required to make public policy more supportive. There is also the critical need to connect the dots for them between ACEs and **adverse community experiences** (Pinderhughes, Davis, & Williams, 2015) and—increasingly—adverse climate experiences (Stevens, 2017) in order to create urgency and accountability for prevention-focused public policies targeting the social determinants of health and health equity.

See Additional Resources:
- *Prevention Institute*
- *Building Community Resilience*

Having an impact in the public policy arena requires a long-term effort that is unlikely to produce quick, dramatic accomplishments. Each step forward builds on the ones before it, making progress toward the full integration of trauma-informed principles into the policies and practices of government across health, education, housing, justice, child welfare, and other sectors (see, e.g., Bowen & Murshid, 2016).

Networks, such as those participating in Mobilizing Action for Resilient Communities (MARC), have tremendous potential to both amplify and accelerate this progress, while also providing the resources necessary to sustain efforts over the long-term.

SOURCES OF NETWORK CREDIBILITY AND POWER

There is still truth in the adage, "All politics is local." Networks have influence with policymakers and staff in part because their members are local experts; represent many sectors, institutions, and neighborhoods; and vote!

POLICY: *The term policy is broad and comes in various shapes and sizes. In this toolkit, we are primarily concerned with public—or "Big P"—policy. "Big P" policies include formal laws, rules, and regulations enacted by elected officials. "Little p" policies govern organizational practices and include guidelines, internal agency memoranda, and social norms (Brownson, Chriqui, & Stamatakis, 2009). Although "little p" policies do not affect the public as a whole, they can have a significant cumulative impact (Schmid, Pratt, & Howze, 1995).*

ADVOCACY: *Any action that speaks in favor of, recommends, argues for a cause, supports or defends, or pleads on behalf of others. It includes public education, regulatory work, litigation, work before administrative bodies, lobbying, voter registration, voter education, and more. While all lobbying is advocacy, not all advocacy is lobbying. (Alliance for Justice, 2018).*

ADVERSE COMMUNITY EXPERIENCES: *Beyond the household, these are aspects of the socio-cultural, physical/built, and economic environments that contribute to toxic stress (Pinderhughes, Davis, & Williams, 2015).*

What counts as trauma-related policy?

The work of Jonathan Purtle, assistant professor at Drexel University's Dornsife School of Public Health, provides a useful framework for conceptualizing the broad range of public policy issues that are related to trauma. His typology comprises three policy categories, all of which are important for creating resilient communities. Networks should consider all three types as they develop and implement policy agendas.

TRAUMA-PREVENTIVE

Trauma-preventive policies help reduce exposure to trauma and create the conditions for safe, stable, nurturing relationships and environments. These policies rarely use the language of trauma and resilience, but are vital to the overall goal of creating healthy, equitable communities. Examples include helping parents and caregivers meet the basic needs of children through family-friendly work policies, such as livable wages and paid leave (Fortson, Klevens, Merrick, Gilbert, & Alexander, 2016), and preventing gun violence through sensible polices that reduce easy access to dangerous weapons, such as instituting waiting periods and banning high capacity magazines and bump stocks (Prevention Institute, 2018).

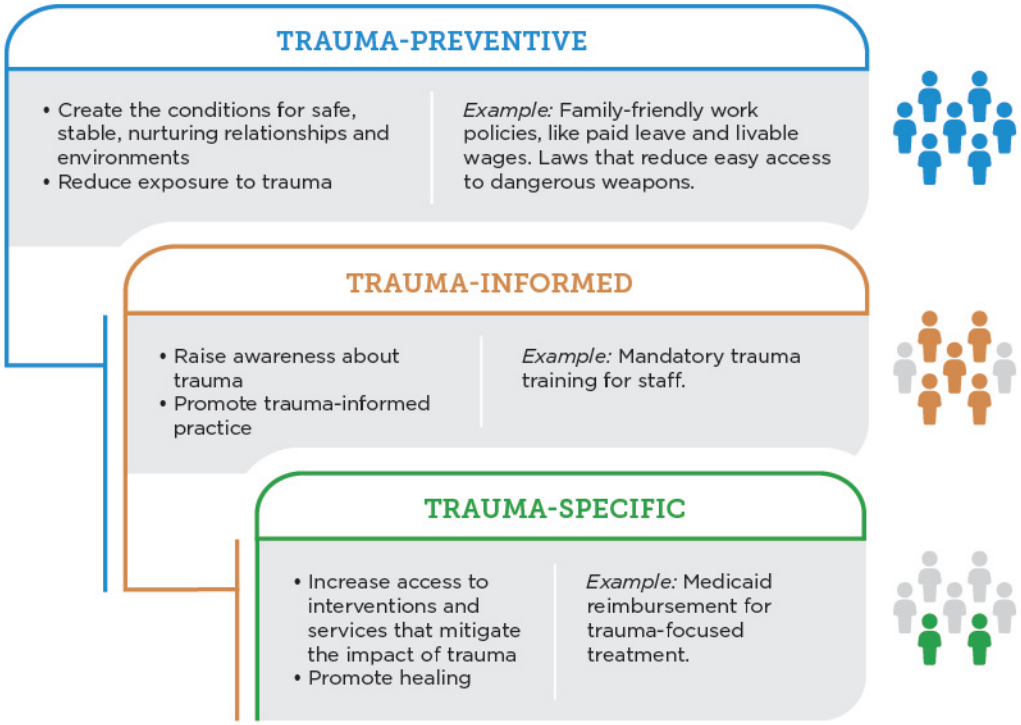
TRAUMA-INFORMED

Trauma-informed policies are designed to raise awareness about trauma—both primary and secondary—and promote trauma-informed practice. These policies typically apply to the workforce. Examples include regulations that require agencies to provide trauma-informed staff trainings in order to receive funding.

TRAUMA-SPECIFIC

Trauma-specific policies increase access to interventions and services that mitigate the impact of trauma and promote healing. These policies typically apply to providers and directly benefit individuals who have experienced trauma. Examples include Medicaid reimbursement for trauma-focused treatments.

TYPOLOGY OF TRAUMA-RELATED POLICIES



Based on the research of Jonathan Purtle, DrPH, MPH, MSc, Assistant Professor, Dornsife School of Public Health, Drexel University.

It has been said that one good idea can solve many problems. Embracing a broader perspective of "what counts" as potential public policy solutions to address and prevent trauma increases the possibility for alignment and partnership. Advocating for policies across Purtle's framework will provide the opportunity for different—often new or unconventional—allies, even if the relationship is short-term.

Note that selecting policy priorities for advocacy efforts can be a challenging task for networks that inherently have diverse membership. Consider developing guidelines to facilitate the decision-making processes used to identify and select policy priorities. The following table lists criteria created by members of the Alaska Resilience Initiative's policy committee that together comprise a voting tool used to score policies under consideration for network action.

ALASKA RESILIENCE INITIATIVE (ARI) POLICY DECISION MATRIX

The following criteria are considered by members of ARI's policy committee when voting on network policy priorities.[1]

ADVOCACY

Alignment

- Fits within ARI's long and short-term goals.
- Aligned with ARI's foundational principles, ethics, and common agenda.
- Aligned with ARI strategies identified by other workgroups.
- Supports trauma-informed, culturally-responsive systems and processes.
- Increases Alaskans' understanding of trauma & resilience.

Evidence and/or Practice-Based

- Alaska data supports or indicates need.
- (If applicable) Recognized as an evidenced-based strategy or best practice.
- (If applicable) Success is demonstrated elsewhere in Alaska or the United States.

Magnitude/Impact

- Creates a direct, positive impact on Alaskan children.
- Potential impacts are high magnitude or effect changes on a population-level.
- Supports an upstream (versus downstream) solution.
- Potential to create lasting, sustainable, positive change in Alaska.

Feasibility & Sustainability

- ARI adds unique value.
- We are a credible source on this topic.
- Other key stakeholders in the field would endorse/support this.
- (If applicable) Funding exists to support policy changes.
- (If applicable) Enjoys bipartisan support.
- (If applicable) Supported/endorsed by local level coalitions
- (If applicable) Supported/endorsed by/aligned with other state level coalitions.
- (If applicable) Supported/endorsed by/aligned with state government, tribes, or tribal organizations.
- (If applicable) A bill has been introduced.

URGENCY

- Failure to act has severe negative impacts on wide range of people/groups (e.g., medical providers, business community, nonprofits, childcare providers, tribes or tribal organizations, governments, individuals, families).
- Failure to act damages credibility.

RISKS/DRAWBACKS

(Would pursuing this policy issue or would implementation of this policy likely have the following effects?)

- Acting may have severe negative impacts on wide range of medical providers, schools, business community, nonprofits, tribes or tribal organizations (including a waiver of sovereign immunity), governments, or peoples.
- Acting may damage ARI's credibility/reputation
- Acting may damage the backbone agency's credibility/reputation.
- Acting may put at risk ARI or backbone agency's relationships with funders.
- Acting may cause potential damage due to unintended impacts.
- Taking the lead would be perceived as stepping on toes or reinventing the wheel due to another group or coalition already leading the effort.

[1] Contact ARI for additional information on their decision matrix, including how the above criteria are scored: https://www.akresilience.org/contact/

What advocacy roles can networks play?

There are many different roles that networks can take on to promote policies across Purtle's framework. The table below includes some examples. These categories are fluid and are not meant to be restrictive. Bear in mind that a network may take on multiple roles and switch across roles as needed.

NETWORK ROLES IN POLICY AND ADVOCACY

Note: ACEs, trauma, and resilience = ATR

CONVENER

- Facilitate the development of policy workgroups or sub-committees
- Foster connections between key stakeholders and policymakers
- Host and invite policymakers to ATR events (film screenings, symposia)
- Coordinate candidate forums and pose ATR-related questions

Example: The **Philadelphia ACE Task Force** created a policy workgroup in 2018 to identify opportunities to educate and work with local policymakers on ATR issues.

STORY GATHERER + STORY TELLER

- Lift up the lived experience of people exposed to primary and secondary trauma to deepen policymaker understanding of ATR issues
- Use stories responsibly and effectively to shift public narrative and mobilize collective action (e.g., Marshall Ganz's framework of Story of Self, Us, and Now)

Example: **Resilient KC** (Kansas City, MO) created the *Stories Matter* campaign.

MOVEMENT BUILDER

- Lend your network power to regional and national efforts to create a just, healthy and resilient world
- Join the Campaign for Trauma-Informed Policy and Practice's Community Advocacy Network
- Join ACEs Connection

Example: **Sonoma County ACEs Connection's** policy sub-committee has aligned their platform with the statewide California Campaign to Counter Childhood Adversity (4CA) policy efforts.

EDUCATOR

- Raise awareness among policymakers and their staff on ATR issues
- Participate in policy briefings at all levels (e.g., City Council, County Commissioners, State Legislature)
- Educate other aligned efforts about how to inform policy

Example: In 2016, members of the **HEARTS Initiative** in Albany, NY, hosted "ACEs, Trauma and Resiliency: A Briefing and Information Session" to educate state legislators and members of their staff (especially those with committee responsibilities in education, healthcare and human services), leaders and staff from the various state agencies responsible to the human service sector, and others.

SUBJECT MATTER EXPERT

- Provide input and feedback on draft legislation
- Develop model legislation
- Testify to policymakers

Example: **Peace4Crawford** (Crawford County, PA) member Joe Barnhart spoke as a representative of rural communities at the December 2016 Congressional Briefing, "Addressing Childhood Trauma: Public Policies to Improve Coordination, Prevention, and Response" organized by the Campaign for Trauma-Informed Policy and Practice with honorary co-hosts, Senators Heidi Heitkamp (D-ND) and Dick Durbin (D-IL).

Send MARC examples of how your network has played these roles or share a new role!

See Additional Resources:
- *ACEs Connection*
- *Campaign for Trauma-Informed Policy and Practice*

DISSEMINATOR

- Participate in developing messages on relevant policies
- Provide support to operationalize policies
- Assist with adherence post implementation

Example: The **Alaska Resilience Initiative** issued a report in 2018, *Toward a Trauma-Informed, Resilient, and Culturally-Responsive Alaska*, to facilitate the implementation of Enrolled SB 105, which states that it is Alaska state policy to acknowledge and take into account the science of trauma and resilience.

DATA PROVIDER

- Provide existing research and data to highlight ATR issues or inform proposed policies
- Conduct original research and collect local data as needed to inform proposed policies

Example: The **Illinois ACEs Response Collaborative**'s data committee, through outreach and education, secured approval from the Illinois Department of Public Health to include the ACEs module in their 2017 Behavioral Risk Factor Surveillance System (BRFSS).

The Illinois ACEs Response Collaborative also conducted a secondary analysis of 2013 BRFSS data to uncover the impact and prevalence of ACEs in Chicago as well as the link to health outcomes like inadequate sleep, hypertension, and cognitive impairment. Their report recently informed a state Senate Resolution (SR0099), which established a Trauma-Informed Awareness Day in Illinois.

LOBBYIST

- Support or oppose proposed policies
- Issue a call to action for others to support or oppose proposed policies

ALLY

- Sign on to efforts with other networks, community organizers, etc, to advocate for policies they have identified as important
- Write an amicus brief
- Disseminate, evaluate, collaborate on, and amplify the work of other groups

Example: **Vital Village Network** in Boston, MA, participates in the Student Transportation Equity Coalition, which advocates for all Boston Public School students who are not eligible for bus service to be given public transportation passes.

MEDIA ADVISOR

- Help local outlets more accurately portray the causes and impacts of ACEs and trauma
- Highlight collective, community-based solutions

PEER RESOURCE

- Find a mentor network or be one for others
- Share relentlessly—we're in this together!

See Additional Resources:
- Alaska Resilience Initiative

NEED DATA?

Two primary sources of data on ACEs prevalence include the Behavioral Risk Factor Surveillance System's Adverse Childhood Experiences optional module (https://www.cdc.gov/violenceprevention/acestudy/ace_brfss.html) and the National Survey of Children's Health (https://www.childhealthdata.org/browse/survey/allstates?q=5545). Many other surveys have been done as well, including the Philadelphia Expanded ACE Study (http://www.philadelphiaaces.org/philadelphia-ace-survey). Prevalence data can help you create urgency among policymakers.

Recent research from Purtle, Dodson, Nelson, Meisel, and Brownson (2018) highlights the importance of economic evaluation data when appealing to policymakers. Budget impact and cost-effectiveness were identified as very important features of behavioral health research by both Democrat and Republican state legislators. The Washington State Institute for Public Policy maintains a database of benefit-cost findings (http://www.wsipp.wa.gov/BenefitCost) for a variety of public policy topics, many of which relate to ACEs and trauma.

Note that efforts to prevent ACEs or build resilience are often subject to the "wrong pockets problem" (Roman, 2015), where those bearing the cost of implementing policies and programs do not receive the primary benefits or savings.

Networks—with their strong cross-sector partnerships—may be critical in helping address the "wrong pockets problem." Let MARC know how your network has captured collective costs and benefits to help make your case.

BUILDING RELATIONSHIPS WITH POLICYMAKERS

Some, but not all, network roles related to policy and advocacy involve direct interaction with elected officials. When it comes to building relationships with policymakers, consider the following:

FEDERAL

In the early stages of building a relationship with your U.S. Senators and Representatives, a good first step is to get to know the staff members at their local offices. Strong relationships with local staff can create a pipeline for information to Washington.

STATE AND LOCAL

Make the commitment to communicate regularly with them—there are many opportunities for interaction, including:

- Town Hall Meetings
- District Visits
- Social Media
- Community Events
- Fundraisers
- Candidate Forums
  Consider incorporating relevant concepts into the questions asked at the forum. Voices for Virginia's Children has created a list of 7 questions related to childhood trauma intended for candidates.

Be prepared for a long-term effort. Relationships are not developed overnight.

See Additional Resources:
- Voices for Virginia's Children

Note that there may be limits on some of the roles outlined here based on legal restrictions, limitations placed by funders, and other factors. Being part of a network, however, provides opportunities for partners to play certain roles by performing activities that other members may not be able to engage in.

At least initially, networks might find the idea of advocating for trauma-preventive policies that take on major economic and social problems to be beyond their capacity and expertise. However, the combination of small contributions made by a wide and diverse group of organizations playing these various roles can be the deciding factor in how an issue is resolved—even though the path is often long and uncertain.

ADVOCACY AND LOBBYING: KNOW WHAT'S POSSIBLE

Sometimes, the fear of violating lobbying restrictions limits activity unnecessarily. Even 501(c)(3) public charities may lobby as long as the lobbying does not comprise a substantial part of the organization's total activity. However, grant funding often comes with additional restrictions, so it is important to know and understand fully the approved uses of all funding supporting your network. The table below provides specific examples from trauma-related advocacy and lobbying.

The bottom line? Know what's possible—it might be more than you think!

See Additional Resources:
- ACEs Connection

EXAMPLES OF ADVOCACY VS. LOBBYING ACTIVITIES (ADAPTED FROM NACCHO, 2018)

ADVOCACY	LOBBYING
Meeting with an elected official to educate them about the importance of funding trauma-informed programs for your community.	*Meeting with an elected official to urge them to vote for a bill to provide funding for your organization's trauma programs.*
Preparing educational materials that depict success stories from your local initiative.	*Preparing materials that include information on trauma-informed programs and contain messaging for or against specific legislation.*
Tweeting statistics about trauma and descriptions of how trauma-informed programs can reduce ACEs and build resilience.	*Tweeting a message @ a member of Congress urging the member to vote against budget cuts for specific programs that reduce ACEs and trauma.*
Sending a weekly e-newsletter discussing factual information on ACEs and trauma and outlining programmatic efforts that are proven to reduce this health issue.	*E-mailing a "call to action" to members of your organization to encourage them to contact their legislator in favor of specific legislation.*

Furthermore, when other advocacy efforts for public policy solutions to major economic and social problems stall, networks can advance the dialogue by elevating the "trauma question." They can ask: What role does the ACEs, trauma, and resilience science play in understanding, responding to, and preventing this problem? With this shift in narrative comes the opportunity to connect the dots between seemingly insurmountable economic and social problems, adverse community experiences, and ACEs. Helping others to do the same creates the possibility for different policy solutions and shared responsibility to act.

Case study: Addressing secondary traumatic stress among City of Philadelphia employees

TAKING ON POLICY: THE PHILADELPHIA ACE TASK FORCE STORY

The Philadelphia ACE Task Force (PATF) was established in 2012. Today, it is a diverse cross-sector network comprising more than 200 members representing a wide array of public, private, and non-profit organizations—from health care to faith—along with community residents and activists.

In 2017, an in-depth strategic planning process established a new goal for the Task Force: to advocate for policies that reduce ACEs and promote resilience.

WHAT POLICY ISSUE IS PATF WORKING ON?

As its initial effort, PATF is pursuing policy solutions to prevent and mitigate the impact of **secondary traumatic stress** (STS).

The focus on STS and policy began in 2016 when PATF organized an ACE film festival and screened the film *Portraits of Professional Caregivers: Their Passion Their Pain*, which depicts diverse professionals impacted by STS and presents strategies to address it. The screening raised awareness about STS among the 250+ people in attendance and spurred interest among several members of the Philadelphia City Council.

SECONDARY TRAUMATIC STRESS: *A documented condition that mirrors the symptoms and negative consequences of post-traumatic stress disorder. It is "the emotional duress that results when an individual hears about the firsthand trauma experiences of another" (The National Child Traumatic Stress Network, n.d.). Those who work with people who have experienced primary trauma are at high risk for STS, which can compromise professional functioning and overall quality of life. STS is associated with high staff turnover, burnout, absenteeism, and poor performance.*

Energized by the attention to STS at the City Council level, a small group of PATF leaders and the *Caregivers* filmmakers began meeting with interested City Council members to plan a series of events to build awareness about the prevalence and impact of STS among city workers. Early activities included contributing to and supporting passage of a resolution recognizing the heroic efforts of caregivers and a subsequent City Council Briefing co-sponsored by bi-partisan members that included expert panelists from and materials prepared by PATF. These initial activities generated deeper interest in STS and what to do about it among additional City Council members.

In late 2017, City Council members reached out once again to PATF to plan next steps. These meetings ultimately resulted in passage of another resolution in early 2018, which recognized first responders along with caregivers. It engaged labor and management leaders and included bold language referencing trauma, toxic stress, and the need for a livable wage. There were also requests for hearings on STS and the exploration of potential policy solutions to improve access to resiliency programs that are effective in preventing and mitigating the impact of STS, such as peer consultation and reflective supervision, for city and contract workers.

In spring 2018, PATF put out a call to its membership to launch a policy workgroup and, given the growing traction, a request that the group work first on the proposed City Council STS hearings and policy opportunity. More than 40 members responded to the call, with 25 people participating in the August 2018 launch. That gathering included an overview of Purtle's typology of trauma-related policy and a history of the work to date with City Council on STS. A small ad hoc planning group met weekly from September to December to plan the hearing, which occurred on December 7, 2018. Council members heard testimony from researchers and experts, as well as labor leaders and individuals across sectors—including health care, child welfare, behavioral health, police, and fire—about the impact of STS and potential programs and policies that can prevent and mitigate it.

WHAT COMES NEXT?

In 2019, PATF's policy workgroup continues to support City Council efforts to address STS. They will also reconvene to establish a broad policy agenda that aligns with the PATF strategic plan. They intend to use the Alaska Resilience Initiative's policy decision-matrix to prioritize potential issues and policy solutions that span the spectrum of Purtle's framework.

Have a network policy case study to share? Send MARC a short write-up (<750 words) that includes a description of:

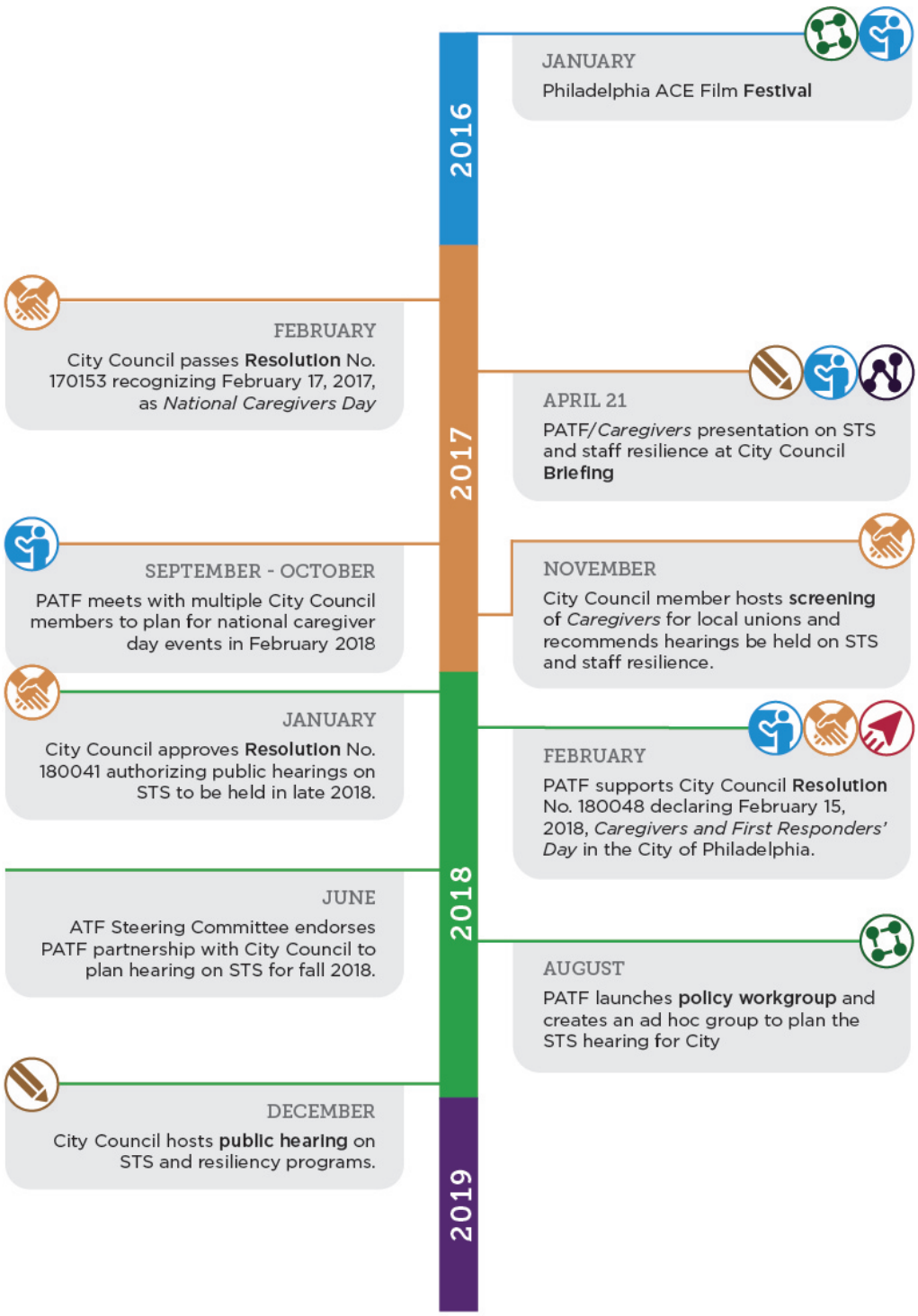
- **Your network**
- **The issue**
- **Your policy solution and where it fits in Purtle's framework**
- **How the issue and policy solution were identified by your network**
- **What role(s) your network played in advocating for the policy solution**
- **What you have learned so far through both accomplishments and setbacks**
- **What comes next**

See Additional Resources:

- *Philadelphia ACE Task Force*
- *MARC*

PHILADELPHIA ACE TASK FORCE POLICY TIMELINE

Milestones and Network Roles



Conclusion

As the trauma-informed movement grows in strength around the country, the time is ripe for community-based, cross-sector networks to unlock their power and increase their involvement in public policy at all levels of government. This toolkit is an initial effort to demystify the process and provide ideas and strategies to support this mobilization.

We want to hear from you. Please share your comments, successes, and challenges.

Additional Resources

ACES CONNECTION

ACEs Connection, a social network with 33,000+ members, connects those who are implementing trauma-informed and resilience-building practices based on ACEs science. The members share their best practices, while inspiring each other to grow the ACEs movement. For policy-focused information, check out the *State ACEs Action* and *Resilience USA* communities.

https://www.acesconnection.com/

Growing Resilient Communities 2.0 is a basic framework that supports any approach to launching ACEs initiatives in a community. The four parts—educate, engage, activate, and celebrate—are critical to the success of a local ACEs initiative.

https://www.acesconnection.com/blog/growing-resilient-communities-2-0

Strategic Advocacy: Winning Policy Change without Crossing the Lobbying Line (March 2019) is a webinar co-hosted by ACEs Connection and the Campaign for Trauma-Informed Policy and Practice. Featured speakers share how to drive public policy change without violating the restrictions on non-profits organizations or the requirements of funders. A summary of the webinar is also available.

https://youtu.be/TMLCGxrSmYc

https://www.acesconnection.com/blog/webinar-strategic-advocacy-winning-policy-change-without-crossing-the-lobbying-line-held-march-14

ALASKA RESILIENCE INITIATIVE

ARI Policy Victory: SB 105 briefly documents the content, background, and next steps regarding Alaska's Senate Bill 105.

https://static1.squarespace.com/static/58e7e4676a496342ee566554/t/5bc28f6353450a5777d4e6c2/1539477350140/SB+105+story+for+website.pdf

Toward a Trauma-Informed, Resilient, and Culturally Responsive Alaska briefly describes "the Alaska approach to trauma and resilience" and highlights exemplary models of change from across the country,

https://static1.squarespace.com/static/58e7e4676a496342ee566554/t/5bba4de815fcc04e6ffa6f87/1538936317491/TraumaInformed_final_print.pdf

New Alaska Statute Directs State Policy to Incorporate Trauma Principles (January 2019) is a webinar co-hosted by ACEs Connection and the Campaign for Trauma-Informed Policy and Practice featuring ARI's director, Laura Norton-Cruz, and Representative Geran Tarr.

https://youtu.be/uH-q4GGYPdc

BUILDING COMMUNITY RESILIENCE INITIATIVE

The Pair of ACEs Tree image grew out of the need to illustrate the relationship between adversity within a family and adversity within a community.

https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/Resource%20Description_Pair%20of%20ACEs%20Tree.pdf

The BCR Policy and Advocacy Guide (March 2018) is intended to assist you and your organization in becoming effective policy advocates and educators. It provides guidance to help you identify and act on policy opportunities that will ultimately prevent and mitigate the Pair of ACEs and build community resilience to help children, families and communities thrive.

https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/BCR%20Policy%20and%20Advocacy%20Guide.pdf

CAMPAIGN FOR TRAUMA-INFORMED POLICY AND PRACTICE

A Guide to Trauma-Informed Advocacy (December 2017) covers the basics (how Congress works) and three elements of a successful legislative strategy (organize, educate, advocate). It also includes information on CTIPP's Community Action Networks.

http://www.ctipp.org/wp-content/uploads/2019/02/CTIPP_Advocacy_Tips_113017.pdf

See also *Strategic Advocacy: Winning Policy Change without Crossing the Lobbying Line* under ACEs Connection.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities (2016) from CDC's Division of Violence Prevention represents a select group of strategies based on the best available evidence to help prevent child abuse and neglect. These strategies range from a focus on individuals, families, and relationships to broader community and societal change. Examples include strengthening economic supports to families and providing quality care and education early in life.

https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf

FUTURES WITHOUT VIOLENCE

Changing Minds: Preventing and Healing Childhood Trauma State Policy Guide (January 2018) was developed to address how health, education, child welfare, justice, and child development organizations can further the prevention and healing of childhood trauma at the state level. It outlines approaches that can be adapted based on a state's circumstances and community needs, and addresses the reality that children grow up and develop in the context of their families, communities, and cultures.

https://www.futureswithoutviolence.org/changing-minds-preventing-healing-childhood-trauma-state-policy-guide/

ILLINOIS ACES RESPONSE COLLABORATIVE

Policy Briefs: Health, Justice, and Education highlight the impact of ACEs on three systems and include promising practices and recommended actions for change. Developed by members of the Collaborative, these briefs serve as a call to action to move upstream and recognize how addressing inequity and trauma can improve systems while also building resiliency.

http://www.hmprg.org/programs/illinois-aces-response-collaborative/policy-briefs-reports/

Trauma-Informed Policymaking Tool outlines a policy approach to preventing and healing from trauma. The two-page Tool defines trauma-informed principles and describes their application to both the process of policymaking and its outcome.

http://hmprg.org/wp-content/uploads/2019/05/TI-Policymaking-Final.pdf

PACIFIC SOUTHWEST MENTAL HEALTH TECHNOLOGY TRANSFER CENTER

Creating Trauma-Informed Policies: A Practice Guide for School and Mental Health Leadership provides a deep dive into developing, implementing, and evaluating trauma-informed and compassionate school policies. It highlights four "choice points" for education and mental health leadership: Names & Definitions, Platforms & Levers, Approach, and Match Process to Product. Each choice point comes with examples, guiding questions for leadership, and practice suggestions to help policy come alive. A companion webinar (February 2019) is also available, in which presenters share how to

create and develop policies that contribute to trauma-informed school environments, and tips for ensuring trauma informed work is sustainable and scalable at your school, district office, agency, department, or organization.

http://cars-rp.org/_MHTTC/docs/Trauma-Informed-Policies.pdf

https://www.youtube.com/watch?v=rSZLGFSiZAk

PHILADELPHIA ACE TASK FORCE

Public Hearing on Secondary Traumatic Stress and Resiliency Programs for Professional and Family Caregivers and First Responders. On Friday, December 7, 2018, the Committee on The Disabled and Persons with Special Needs of the Council of the City of Philadelphia held a Public Hearing to hear testimony on the following item: 180041 Resolution authorizing the Committee on the Disabled and Persons with Special Needs to hold hearings regarding professional and family caregivers and first responders in the City of Philadelphia.

https://youtu.be/ezOfK4_eRmo

PREVENTION INSTITUTE

Adverse Community Experiences and Resilience webpage houses numerous valuable resources on how to understand, address, and prevent community trauma. It provides one-stop access to the ACE|R framework, related publications, answers to FAQs, videos, and community examples.

https://www.preventioninstitute.org/projects/adverse-community-experiences-and-resilience-understanding-addressing-and-preventing

Collaboration Multiplier is an interactive framework and tool for analyzing collaborative efforts across fields. It is designed to guide an organization to a better understanding of which partners it needs and how to engage them. It is also designed for organizations that already work together, so they may identify activities to achieve a common goal, identify missing sectors that can contribute to a solution, delineate partner perspectives and contributions, and leverage expertise and resources.

https://www.preventioninstitute.org/tools/collaboration-multiplier

VOICES FOR VIRGINIA'S CHILDREN

The Future of Virginia Starts Today: 2017 Elections Guide is a powerful tool that can be used by organizations and individuals for voter education and advocacy. It features several elements that provide talking points, candidate questions, data and useful information on the issues that affect Virginia's children the most.

https://vakids.org/take-action/elections/election-toolkit

...AND MORE FROM MOBILIZING ACTION FOR RESILIENT COMMUNITIES

From Film Festival to City Council Chambers: Philadelphia ACE Task Force Charts a Path toward Policy Change on Secondary Traumatic Stress (March 2019)

http://marc.healthfederation.org/shared-learnings/film-festival-city-council-chambers-philadelphia-ace-task-force-charts-path-toward

Shaping Policy, Top-Down and Bottom-Up (May 2018)

http://marc.healthfederation.org/shared-learnings/shaping-policy-top-down-and-bottom

State-Level Recommendations for Establishing the Building Blocks for Lifelong Health and Success (June 2017)

http://marc.healthfederation.org/state-level-recommendations-establishing-building-blocks-lifelong-health-and-success

From "Problems" to "Issues": Making Trauma-Informed Policy Change (March 2017)

http://marc.healthfederation.org/shared-learnings/from-problems-to-issues-making-trauma-informed-policy-change

Using Film to Mobilize Action (August 2016)

http://marc.healthfederation.org/shared-learnings/using-film-mobilize-action

References

Alliance for Justice. (2018). Bolder Advocacy glossary. Retrieved from https://www.bolderadvocacy.org/afj-on-advocacy/glossary

Bowen, E.A., & Murshid, N.S. (2016). Trauma-informed social policy: A conceptual framework for policy analysis and advocacy. *American Journal of Public Health, 106*(2), 223-229. doi: 10.2105/AJPH.2015.302970

Brownson, R.C., Chriqui, J.F., & Stamatakis, K.A. (2009). Understanding evidence-based public health policy. *American Journal of Public Health, 99*(9), 1576-1583.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., & Koss, M. P. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of Preventive Medicine, 14*(4), 245-258.

Fortson, B.L., Klevens, J., Merrick, M.T., Gilbert, L.K., & Alexander, S.P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention: Atlanta, GA. Retrieved from https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf

McEwen, C.A., & McEwen, B.S. (2017). Social structure, adversity, toxic stress, and intergenerational poverty: An early childhood model. *Annual Review of Sociology, 43*, 445-472.

National Association of County and City Health Officials. (2018). The NACCHO advocacy toolkit. NACCHO: Washington, DC. Retrieved from https://www.naccho.org/uploads/downloadable-resources/Government-Advocacy-Toolkit-April-20181.pdf

The National Child Traumatic Stress Network. (n.d.). Secondary traumatic stress. Retrieved from https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress

Nellis, A. (2016). The color of justice: Racial and ethnic disparity in state prisons. The Sentencing Project: Washington, DC. Retrieved from http://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/

Pinderhughes, H., Davis, R.A., & Williams, M. (2015). Adverse community experiences and resilience: A framework for addressing and preventing community trauma. Prevention Institute: Oakland, CA.

Prevention Institute. (2018, March). Full recommendations for preventing gun violence. Prevention Institute: Oakland, CA. Retrieved from http://preventioninstitute.org/publications/prevention-institute-full-recommendations-preventing-gun-violence

Purtle, J., Dodson, E.A., Nelson, K., Meisel, Z.F., & Brownson, R.C. (2018). Legislators' sources of behavioral health research and preferences for dissemination: Variations by political party. *Psychiatric Services*, published online 7/9/2018. doi.org/10.1176/appi.ps.201800153

Roman, J. (2015, September 29). Solving the wrong pockets problem: How Pay for Success promotes investment in evidence-based best practices. Urban Institute: Washington, DC. Retrieved from https://www.urban.org/research/publication/solving-wrong-pockets-problem

Schmid, T.L., Pratt, M., & Howze, E. (1995). Policy as intervention: Environmental and policy approaches to the prevention of cardiovascular disease. *American Journal of Public Health, 85*(9), 1207-1211.

Stevens, J. (2017, November 1). ACEs science 101 (FAQs) [Blog post]. Retrieved from https://www.acesconnection.com/blog/aces-101-faqs

HEALTH FEDERATION OF PHILADELPHIA

The Health Federation of Philadelphia (HFP) serves as a keystone supporting a network of Community Health Centers as well as the broader base of public and private-sector organizations that deliver health and human services to vulnerable populations. We take a collaborative approach to promoting health by:

- Improving access to and quality of health care.
- Identifying, testing and implementing solutions to health disparities.
- Providing training and technical assistance to help other organizations operate more efficiently and effectively.

For more information, visit www.HealthFederation.org

THE CALIFORNIA ENDOWMENT

The California Endowment, a private, statewide health foundation, was established in 1996 to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians. Headquartered in downtown Los Angeles, The Endowment has regional offices in Sacramento, Oakland, Fresno and San Diego, with program staff working throughout the state. The Endowment challenges the conventional wisdom that medical settings and individual choices are solely responsible for people's health. The Endowment believes that health happens in neighborhoods, schools, and with prevention.

For more information, visit www.CalEndow.org

ACES CONNECTION

ACEs Connection is a social network with 33,000+ members that recognizes the impact of a wide variety of adverse childhood experiences (ACEs) in shaping adult behavior and health, and that promotes trauma-informed and resilience-building practices and policies in all families, organizations, systems and communities. We support 400+ communities to accelerate the science of adverse childhood experiences to solve our most intractable problems. We believe that we can create a resilient world where people thrive.

For more information, visit www.ACEsConnection.com

CAMPAIGN FOR TRAUMA-INFORMED POLICY AND PRACTICE

The Campaign for Trauma-Informed Policy and Practice (CTIPP) was created in December 2016 by 25 representatives from diverse sectors, including education, mental health, justice, and government. We share a common commitment to inform and advocate for public policies and programs at the federal, state, tribal, and local levels that incorporate scientific findings regarding the relationship between trauma and related social and health challenges across the lifespan. We work in collaboration with government, organizations and citizens to develop trauma-informed, prevention-focused, evidence-informed policies and practices that promote a comprehensive, integrated multi-sector approach for building trauma-informed communities.

For more information, visit www.CTIPP.org