**2020 Addressing Adverse Community Experiences**

**(ACEs) GEAR Group**

***Resources and References Document***

*DRAFT 4/2020*

**About NACDD GEAR Groups**

GEAR Groups, each with up to 12 states, explore their topic through case presentations, short didactic presentations, and active discussions throughout four 90-minute video conferences. A facilitator and subject matter expert guide each discussion to explore opportunities for improvement through partnerships, promising interventions or policies, data, and evaluation. The 2020 GEAR Groups focused on the social determinants of health and upstream factors to chronic disease.

**About the Addressing Adverse Community Experiences GEAR Group:**

This GEAR Group explored strategies to connect chronic disease prevention with prevention of adverse community experiences through state and local efforts addressing the social–cultural environment, the physical/built environment/ and improving economic opportunities. Topics focused evidence based and promising practices for urban and rural settings. Case presentations touched on how chronic disease programs are promoting trauma informed approaches, collaborating to strengthen economic supports for families, promoting social norms for violence prevention, and connecting high-risk populations to virtual programs and services in the context of COVID-19. Discussion and presentations touched on current challenges and pushed thinking about why adverse community experiences occur and how to move our work [upstream](https://www.chronicdisease.org/blogpost/1628146/343716/Health-Equity-Council-Webinar-Moving-Upstream--What-Does-that-Mean?hhSearchTerms=%22Upstream%22&terms=), including addressing racism and implicit bias. State participants from injury or violence prevention programs were encouraged to participate. Meetings were held on the following days and times.

* Tuesday - Apr 7, 2020 – 3:00pm – 4:30pm EST
* Tuesday - Apr 14, 2020 – 3:00pm – 4:30pm EST
* Tuesday - Apr 21, 2020 – 3:00pm – 4:30pm EST
* Tuesday - Apr 28, 2020 – 3:00pm – 4:30pm EST

**Participating states**

* Alaska
* Iowa
* Kansas
* Tennessee
* Virginia
* West Virginia
* Wyoming

**Resources and References**

Participants shared the following resources and ideas during the four-week GEAR Group process in April 2020. These linked articles or resources do not necessarily represent the official views of these individuals, participants’ respective organizations, or NACDD.

**Adverse Childhood Experiences**

* + The 1998 [Childhood Experiences Study](https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html) changed the way we understand the impact of childhood abuse and neglect and household challenges on later-life health and well-being. Communities and systems (social–cultural environment, the physical and built environment, and economic opportunities) provide the context within which these challenges emerge.

**Adverse Community Experiences**

* + Adverse community experiences stem from historic and structural conditions of racism, disenfranchisement, and isolation.
  + [Adverse community experiences](https://www.preventioninstitute.org/publications/adverse-community-experiences-and-resilience-framework-addressing-and-preventing) and Resilience: A Framework for Addressing and Preventing Community Trauma. The Prevention Institute.
  + Preventing Adverse Childhood Experiences <https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>
  + 6 Principles for building trauma-informed communities <https://www.govloop.com/community/blog/6-principles-for-building-trauma-informed-communities/>

**Social Determinants of Health (SDOH)**

* + NACDD Podcast series “Socially Determined”: <https://www.chronicdisease.org/store/ListProducts.aspx?catid=734739&ftr=>
  + RWJF: A New Way to Talk about the Social Determinants of Health: <https://www.rwjf.org/en/library/research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html>
  + SDOH in California:<https://letsgethealthy.ca.gov/sdoh/>

**Moving Upstream**

* + Full Recording: Dr. Renée Canady PhD, MPA: [***Downstream. Upstream, Mainstream: Getting to Equity***](https://chronicdisease.zoom.us/rec/play/6ZUvJuqh-Go3TIDDtwSDC6MtW42-eKus0nNMrqBbmBq9BiUAZFf0b7pDMbBg2rWZHzVX6D4Ka6ulVwwx?continueMode=true&_x_zm_rtaid=-L1igPOrTfCAPnnJLcsapQ.1587552619667.a028678fb1f89361f8c0f9cf3420e2af&_x_zm_rhtaid=603)*:* (We watched between minutes 18-31 during our meeting).
  + Framing the Dialogue on Race and Ethnicity to Advance Health Equity: Proceedings of a Workshop:<https://www.ncbi.nlm.nih.gov/books/NBK395648/>
  + APHA, Racism and Health: <https://www.apha.org/topics-and-issues/health-equity/racism-and-health>
* Moving Upstream: Challenges and Opportunities on the Journey to Improve Care and Social Drivers of Health and Equity: <https://www.hcecm.org/Docs/News/Lori's%202019/2020-1-24-Rishi-Slides.pdf>
* Blueprint for Changemakers: Achieving health equity: <https://www.changelabsolutions.org/product/blueprint-changemakers>
* Moving into Equity Guide: <https://phnci.org/uploads/resource-files/PHNCI_Moving-into-Equity-Guide-Web.pdf>
* National Stakeholder Strategy for Achieving Health Equity: <https://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSSExecSum.pdf>

**Implicit Bias**

* + Verna Myer’s TED Talk: [*How to overcome our biases? Walk boldly toward them*](https://www.ted.com/talks/verna_myers_how_to_overcome_our_biases_walk_boldly_toward_them?language=en).  (~18 minutes)
  + White Privilege: Unpacking the Invisible Knapsack Peggy McIntosh: <https://www.racialequitytools.org/resourcefiles/mcintosh.pdf>
  + Harvard Implicit Bias Tests: <https://implicit.harvard.edu/implicit/takeatest.html>
  + Perception Institute: <https://perception.org/>
  + What Works by Iris Bohnet
  + " What we call health disparities are often the downstream symptoms of upstream decisions" --Activist Mark Gonzales

**Leadership and Management**

* [Leadership is Still Not Management](https://store.hbr.org/product/management-is-still-not-leadership/H009Y9), John Kotter, Harvard Business Review
* Dare to Lead, Brené Brown: https://daretolead.brenebrown.com/

# Multipliers: How the Best Leaders Make Everyone Smarter by [Liz Wiseman](Liz%20Wiseman) [Greg McKeown](Greg%20McKeown) <https://www.goodreads.com/book/show/8310410-multipliers>

* Simon Sinek, Why Good Leaders Make you Feel Safe <https://www.ted.com/talks/simon_sinek_why_good_leaders_make_you_feel_safe?language=en>
* Helen Keller, Story of my Life
* Kansas Leadership Center - training and articles about adaptive challenges rather than technical challenges. Their topic this year is Immigration. https://kansasleadershipcenter.org/
* The Dream Manager. Matthew, Kelly
* Nudge, by Richard H. Thaler and Cass R. Sunstein (this is not CPTED specific but rather details the idea of designing social structures that support good choices and build equity)

**COVID-19 and ACEs**

* + Covid-19 What’s Equity Got to Do with It?<https://medium.com/gwpublichealth/covid-19-whats-equity-got-to-do-with-it-7a30c701cb99>
  + COVID-19 Considerations for a Trauma Informed Response for Work Settings: <https://traumainformedoregon.org/wp-content/uploads/2020/03/Considerations-for-COVID-19-Trauma-Informed-Response.pdf>
* Traumatic Stress Institute: Trauma Informed Care and the Stress of COVID-19: <https://traumaticstressinstitute.org/wp-content/uploads/2020/03/Trauma-Informed-Care-and-the-Stress-of-COVID-19.pdf>
* [A Framework to Guide Communities Toward a Just and Resilient Recovery](https://www.hraadvisors.com/a-framework-to-guide-communities-toward-a-just-and-resilient-recovery/)
* The National Association of Counties is hosting a webinar on May 5th Titled: Long-Range Planning for Health, Equity & Prosperity Register here: <https://www.naco.org/events/long-range-planning-health-equity-prosperity>

**State-Level ACEs Initiatives**

* ACEs Connection: Starting your ACEs Initiative: <https://www.acesconnection.com/blog/organizing-your-aces-initiative-steps-to-growing-a-resilient-community>
* The Michigan ACEs Initiative: <https://www.acesconnection.com/g/northern-michigan-aces-action/blog/michigan-ace-initiative-building-healthy-communities>
* In Michigan, the Chronic Disease Director leveraged funding through the Preventive Health and Health Services Block Grant and dedicated ½ of a full-time position to coordinating statewide efforts to address Adverse Childhood Experiences and Trauma Informed Care (additional information forthcoming from NACDD)
* [Alaska Resilience Initiative](https://www.akresilience.org/trainings): History and Hope Training Curriculum for Health Providers/Educators
* In Virginia CHWs are mandated to take a trauma Informed Care approach.
  + <http://www.virginiapreventionworks.org/family-wellness/>
* In Tennessee the focus on ACEs came from state leadership, multi-agencies were involved (health and education, etc.). All working in public health are trained in Implicit bias, cultural competency, and all grants are written with a trauma informed lens. Scaling up of this approach involved storytelling, data, and sharing of the opportunity for cost savings over the long term.
  + <https://www.tn.gov/tccy/tccy-aces.html>
* New Jersey: <https://njaap.org/programs/child-abuse-neglect/>
* ASTHO: Promising Practices in the Coordination of State and Local Public Health: <https://www.astho.org/accreditation/promising-practices-in-coordination-final-report/>
* CDC (HIV-related but may have good models): Promising Practices from Enhanced Planning and Initial Implementation: <https://www.cdc.gov/hiv/research/demonstration/echpp/reports/promisingpractices.html>

**Approaches to Community Engagement / Building Local Partnerships**

* Community Based Participatory Research approach in Philadelphia: <https://www.academicpedsjnl.net/article/S1876-2859(17)30168-7/pdf>
* Strong Towns Article about the role of community coalitions in defining recovery. <https://www.strongtowns.org/journal/2020/4/23/the-culture-of-your-community-may-determine-your-success-on-the-other-side>
* Virginia partners with Kaiser Permanente and the [Institute for Public Health Innovation](https://www.institutephi.org/) on community recognition on midstream factors:
  + - <https://www.healcitiesmidatlantic.org/wp-content/uploads/2019/10/022015_InfoSheetVArev.April_.2017.pdf>
    - <https://www.vml.org/education/heal-communities/>
* Consider faith communities and innovative artistic local partners like jazz musicians, book clubs, etc. Invite involvement through community focus groups, and cultural identity groups.
* University Extension Offices/ Land Grant Institutes: <https://www.aplu.org/about-us/history-of-aplu/what-is-a-land-grant-university/> (4H and FFA for older youth)
  + Art in Medicine in Kansas: <https://www.kansascommerce.gov/2019/08/introducing-arts-in-medicine-now-accepting-applications/>
  + City Planners and Designers: <https://www.kcmo.gov/city-hall/departments/city-planning-development/urban-redevelopment-division>
  + High schools and universities sometimes focus on arts for violence prevention.
  + Healthy Places By Design: <https://healthyplacesbydesign.org/>
  + University of Florida Center for Art and Medicine: <https://arts.ufl.edu/academics/center-for-arts-in-medicine/>

**Addressing ACEs and Upstream Factors in Rural Settings**

* Sexual Assault in Rural Communities: <https://vawnet.org/sites/default/files/materials/files/2016-09/AR_RuralSA.pdf>
* Rural Health Information Hub: <https://www.ruralhealthinfo.org/topics/violence-and-abuse>
* Rural Health Info: Evaluating telehealth - <https://www.ruralhealthinfo.org/toolkits/telehealth/5/evaluation>

**Indicators / Benchmarks at the Local Level**

* Community Readiness Model: <https://www.ruralhealthinfo.org/toolkits/health-promotion/2/program-models/community-readiness>
* Collective Efficacy: Sampson, Robert J. and Corina Graif. 2009. “Neighborhood Social Capital as Differential Social Organization: Resident and Leadership Dimensions.” American Behavioral Scientist 52: 1579-1605.
* Consider facilitating “community conversations” to see what will be beneficial from the community’s perspective, seek out grassroots organizations to listen and learn from them what will be best for them.
* Share positive data / communities’ strengths the change the narrative.
* Connect with the Indian Health Services’ Community Health Representatives / Community Health Aids. Establish relationships with the people that train the CHRs.
* <https://www.nahro.org/membership/awards/individual-awards/awards-of-merit/>
* **The STAR framework** integrates economic, environmental, and social aspects of sustainability and provides communities with a menu-based system to customize their approach based on local conditions and priorities. Communities can pursue the most important or relevant objectives, addressing regional variability and differing priorities along the way. <http://www.starcommunities.org/>
* National Crime Prevention Council – Crime Prevention Through Environmental Design: <https://www.ncpc.org/resources/home-neighborhood-safety/crime-prevention-through-environmental-design-training-program/>

**Screening for ACEs**

* Using electronic health record data for substance use Screening, Brief Intervention, and Referral to Treatment among adults with type 2 diabetes: Design of a National Drug Abuse Treatment Clinical Trials Network study <https://www.sciencedirect.com/science/article/pii/S1551714415301208>
* American Academy of Family Physicians: Social Needs Screening Tool:
  + - <https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/hops19-physician-form-sdoh.pdf>
    - <https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/hops19-physician-guide-sdoh.pdf>
* The Philadelphia ACE Survey**:** <https://www.philadelphiaaces.org/philadelphia-ace-survey>

**Trauma Informed Approaches**

* A strengths-based approach to develop a trauma-informed chronic illness self-management program named Báa nnilah, an Apsáalooke term meaning to give advice. <https://apha.confex.com/apha/2019/meetingapp.cgi/Paper/436533>
* NACDD Podcast series “Socially Determined”: <https://www.chronicdisease.org/store/ListProducts.aspx?catid=734739&ftr=>
* Trauma Informed Care Implementation Resource Center: <https://www.traumainformedcare.chcs.org/>
* Center for Health Care Strategies, Trauma Informed Care: <https://www.youtube.com/watch?v=fWken5DsJcw&feature=emb_title>
* [Mental Health and Chronic Disease](https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/issue-brief-no-2-mental-health-and-chronic-disease.pdf)

**Engaging Refugee Populations**

* EMBARC <http://www.embarciowa.org/>
* World Relief <https://worldreliefmoline.org/>
* CDC <https://www.cdc.gov/cancer/breast/basic_info/screening.htm>
* Refugee UNHCR [https://www.unhcr.org/en-us/](https://meet.google.com/linkredirect?authuser=0&dest=https%3A%2F%2Fwww.unhcr.org%2Fen-us%2F)
* Refugee IDPH <https://idph.iowa.gov/immtb/rh/data_reports>

**Reaching High-Risk Populations through Virtual Programming (DPP, DSME, Etc.)**

* Community Tool Box info on Social Marketing: <https://ctb.ku.edu/en/sustain/social-marketing/overview/main>
* Research articles regarding technology including PEW Research Center May, 2017, “Tech Adoption Climbs Among Older Adults”
* Virginia Center for Diabetes Prevention and Education (VCDPE) –prepared distance learning-specific resources to help you during this time of transition.
  1. <https://med.virginia.edu/vcdpe/educational-resources/tele-education-videos/>
  2. Tips for Distance Learning: <https://med.virginia.edu/vcdpe/wp-content/uploads/sites/287/2020/03/Delivery-Tips-for-Distance-Learning.pdf>
* Diabetes Training and Technical Assistance Center (DTTAC):
  + ***FREE DTTAC Dialogue:  Going the Distance.*** Lifestyle Coach panelists with experience in the distance learning mode of delivery will share their lessons learned. Click <https://dttaccommonground.ning.com/events/list/tag/virtual> to learnmore
  + To access the above resources and much, much more, visit the [March issue](https://mailchi.mp/emory/cgnewsmarch2019-925343) of *Common Ground News*, or [sign up](https://dttaccommonground.ning.com/) for the DTTAC-hosted *Common Ground*, an online learning community for Lifestyle Coaches who are delivering the National DPP lifestyle change program.
* AARP Telehealth info: <https://www.aginginplace.org/telehealth-and-seniors/>
* Tips for Seniors on Staying Connected: <https://www.pbs.org/newshour/health/4-tips-for-seniors-to-stay-connected-during-coronavirus-outbreak>
* Consider art and music infused approaches: <https://arts.ufl.edu/sites/creating-healthy-communities/home/>
* ProVention Health Foundation is providing its Health and Lifestyle Training (HALT) online video-based National DPP lifestyle change program curriculum free of charge to all states and all CDC-recognized delivery organizations during the current crisis. This offering is for those who need to serve existing in-person cohorts as well as begin new online cohorts. Contact John Patton at:  [jpatton@PROventionHealth.org](mailto:jpatton@PROventionHealth.org)  (770) - 634-3007
* Laurence Girard is the CEO of Fruit Street, a fully recognized CDC organization with a Distance Learning delivery mode. Fruit Street is an organization funded by 300 physician investors and they are making this software available for free to help make a social impact during the current crisis. Watch [this video](https://www.youtube.com/watch?v=rTujudQ_-zE&t=1s) to learn more about Fruit Street. If you are interested, please contact [laurence.girard@fruitstreet.com](mailto:laurence.girard@fruitstreet.com).
* Strategies used by states to support virtual program delivery:
  + Switched to radio and TV advertisements vs. flyers at doctors’ offices.
  + Volunteers are dropping off recruiting flyers at homes.
  + Conducting “practice runs” in advance of your first session to work out any technology issues 1-1 or in small groups. (Session 0)
  + Using WebEx, Adobe Connect or Google Hangout instead of Zoom.
  + Recording presentations within PowerPoint, then loading those recordings to the web, or using vimeo.