Building Community Resilience

BUILDING COMMUNITY RESILIENCE

Coalition Building and Communications Guide

March, 2017

Milken Institute School
of Public Health

THE GEORGE WASHINGTON UNIVERSITY

Sumner M. Redstone
Global Center for
Prevention & Wellness

Table of Contents

BUILDING COMMUNITY RESILIENCE

The Issue
In every state across the country, more than 30 million American children are exposed to a range of adverse childhood experiences – including abuse, neglect, domestic violence or parental depression.
Adverse community environments, such as lack of opportunity, limited economic mobility, community violence and the associated effects of poverty and joblessness, contribute to – and compound – the adversities experienced within households by children and families. Together, **a**dverse **c**hildhood **e**xperiences and **a**dverse **c**ommunity **e**nvironments are the "Pair of ACEs."

The Result
At the individual level, the culmination of the Pair of ACEs can result in delays in learning, behavioral issues, and physical and mental health conditions that can last a lifetime. Increased rates of chronic conditions, such as heart disease, obesity, and depression are also present where there are higher levels of community adversity such as unemployment, homelessness and lack of access to social services. The Pair of ACEs 'get under the skin' resulting in disparities in health and wellbeing.
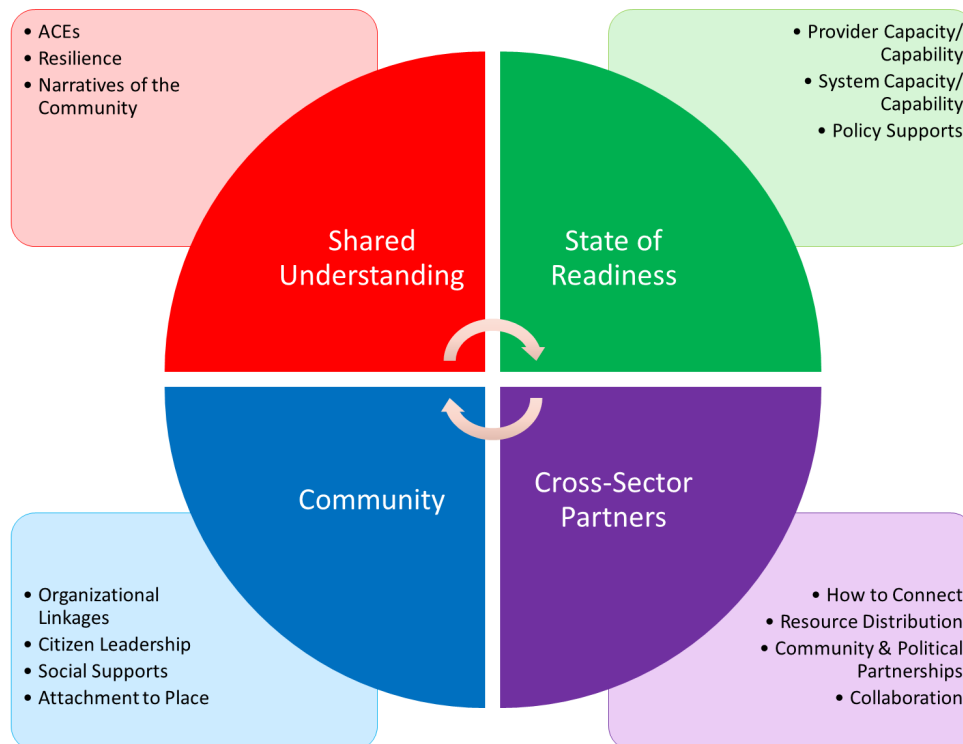
The Approach: Building Community Resilience
Building Community Resilience (BCR) is focused on resilience as a fundamental strategy to prevent and reduce chronic disease by addressing the root causes of adversity. The approach recognizes that many socially vulnerable populations possess some resilience insofar as they consistently bounce back from a daily onslaught of adverse conditions. BCR builds upon this understanding and aims higher by providing a framework for collaboration and coordination between large systems and community members. By fostering collaboration and developing strategic partnerships, multiple sectors can come together in an effort to build stronger, healthier and more resilient communities. In this regard, resilience provides buffers to not only "bounce back" from major disasters, but also resilience to "bounce forward" in the face of daily adversities.

The Opportunity
The BCR framework on the next page connects the science behind adverse childhood experiences and the social determinants of health to real-world health care practice and public policy. The framework provides the opportunity to collaborate across a community by focusing on four central components: creating a shared understanding of childhood and community adversity, assessing system readiness, developing cross-sector partnerships, and engaging families and residents.

Building Community Resilience:
Process of Assessment, Readiness, Implementation & Sustainability

• ACEs
• Resilience
• Narratives of the Community

• Provider Capacity/ Capability
• System Capacity/ Capability
• Policy Supports

Shared Understanding

State of Readiness

Community

Cross-Sector Partners

• Organizational Linkages
• Citizen Leadership
• Social Supports
• Attachment to Place

• How to Connect
• Resource Distribution
• Community & Political Partnerships
• Collaboration

Ellis W & Dietz W, A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model, *Academic Pediatrics* **(2017).**

BCR brings together organizations that impact child and community health – such as health departments; health systems, including hospitals and clinics; social services; and community-based organizations to develop and strengthen community resilience. The BCR framework facilitates collaboration across organizations and systems that may not have a health-related mission but are critical to influencing health outcomes and building community resilience – such as criminal justice, housing, education and the faith-based community.

Five test sites across the nation are currently implementing the BCR approach. They are: Cincinnati (OH), Dallas (TX), Portland (OR), Washington (DC), Wilmington (DE).
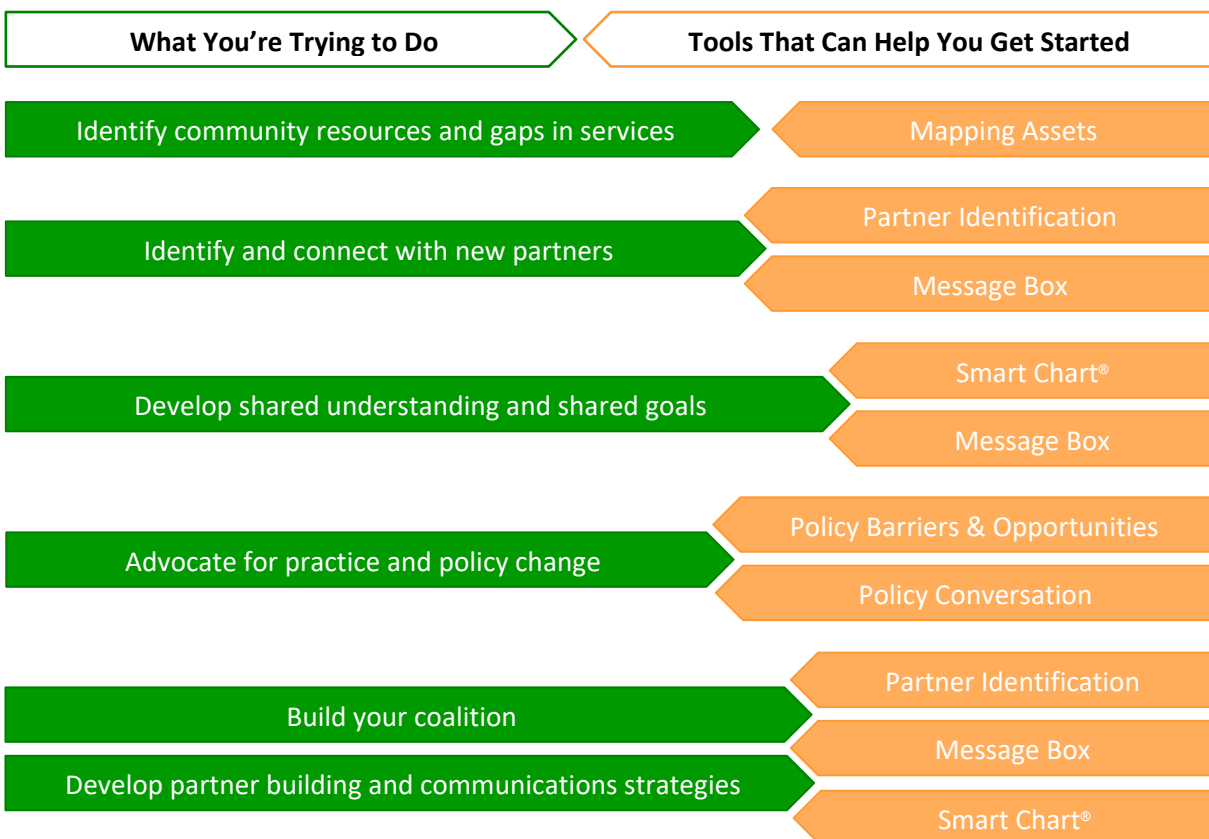
Building Community Resilience is based at the Sumner M. Redstone Global Center for Prevention and Wellness at the George Washington University in Washington, DC. BCR is supported by the Doris Duke Charitable Foundation, the Milken Family Foundation, and the Kresge Foundation.

OVERVIEW: BCR COMMUNICATIONS & PARTNER BUILDING

Principles in this guide are based on experiences from the BCR test sites in identifying and connecting with collaborators and community partners. The tools and resources outlined here are designed to help communities foster dialogue and develop a critical foundation of shared understanding of adversities and opportunities. Throughout the guide, you will see links and references to the following tools, which will help you create your own building community resilience coalition:

- ***Identifying Potential Partners Tool** – Determine which individuals, groups and stakeholders to approach for collaboration*
- ***Smart Chart® Tool** – Communicate effectively and strategically to accomplish your BCR goals*
- ***Message Box Tool** - Craft messages that will resonate with particular groups or audiences based on their interests, values, and barriers*
- ***Mapping Assets Tool** – Create a visual map of the community adversities and resources*
- ***Connecting Policies and Procedures Tool** – Identify potential policies and procedures that could be changed (or developed) to support and build resilience in the community*
- ***Being Part of the Policy Conversation Tool** – Track the policy landscape, relationships, and legislative or regulatory processes relevant to your work*

Putting It All Together

What You're Trying to Do	Tools That Can Help You Get Started
Identify community resources and gaps in services	Mapping Assets
Identify and connect with new partners	Partner Identification
	Message Box
Develop shared understanding and shared goals	Smart Chart®
	Message Box
Advocate for practice and policy change	Policy Barriers & Opportunities
	Policy Conversation
Build your coalition	Partner Identification
	Message Box
Develop partner building and communications strategies	Smart Chart®

Additional tools and resources are in development to help inform your work to foster engagement and collaboration between community services and public and private systems. All tools will be available at: go.gwu.edu/BCR.

Developing Shared Understanding
Foundational to the work of building community resilience is developing a shared understanding around adversities and opportunities in the community – and doing so with respect for the wisdom and experiences of the members of that community. The BCR approach is built on guiding positive community change through work *with* community, not *upon* community.

BCR coalitions are made up of a diverse group of partners. Most of your initial partners, however, will likely be parents, faith-based groups, school systems (including day care and early childhood education), city government, and health care partners. Fostering a dialogue around the impact of adverse childhood experiences and adverse community environments can sometimes be difficult. As an advocate of the BCR work, you will need to balance between the ideas grounded in research and science with the community's own experience of adversity. To achieve this balance, we need a shared understanding based on common language so we may work productively and in collaboration with members of the community.

To help you begin this dialogue, BCR has identified key terms and concepts, and created the Pair of ACEs tree graphic to help you tell the story of adversity in your community as you work to build community resilience. These are essential tools to develop a shared understanding.

BCR Key Terms and Concepts

Adverse Childhood Experiences. Current scientific evidence indicates that adverse childhood experiences can have a tremendously negative impact on health and quality of life. Safe, stable, nurturing relationships and environments, and other protective factors, are essential to preventing emotional, physical and psychological trauma and adversity. The groundbreaking Adverse Childhood Experiences (ACE) Study found strong links between traumatic or abusive childhood events and an array of poor health conditions later in life (Felitti, 1996). 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. Resilience – the ability to bounce back in the face of adversity – can protect an individual from the accumulation of stress due to adverse childhood experiences.

Adverse Community Environments. Childhood adversity does not occur in a vacuum. Many traumas may be linked to the lack of resources or increased threats (mental, physical, economic) at the family and community levels. The effects of adverse childhood experiences are compounded when they occur in the context of adverse community environments. For example, in areas of concentrated poverty where public policy, business and economic investment decisions influence systemic inequities in communities (Pinderhughes, 2016), there also exist disproportionate concentrations of chronic conditions such as heart disease and obesity – outcomes associated with adverse childhood experiences. Community inequities include limited economic mobility and access to social services, poor housing conditions, systemic racism and other community-based

stressors, such as violence and substance abuse. These environments often lack positive buffers that promote resilience, such as safe neighborhoods and parks, social supports, affordable and stable housing, thriving and diverse retail and opportunities for employment and creative expression.

Community resilience. Community resilience is commonly thought of in terms of recovery from crises, such as terrorism, natural disasters, and the effects of climate change. The BCR framework broadens the traditional view of resilience to encompass resilience in the face of other entrenched, daily adversities (Ellis, 2017). These are outlined above in adverse community environments. Exposure to such community crises without a network of buffers to foster resilience can be debilitating to individuals, families and the community's wellbeing. Examples of buffers are explained later in the Buffers to Build Resilience section.

Toxic stress. When stress is constant and unrelenting, and no buffer exists to mitigate its effects, it becomes toxic. Toxic stress is chronic and differs from temporary stress that dissipates quickly. People who lack adequate buffers, such as emotional support from family or the community, experience its toxic effects. The body's response to toxic stress results in a heightened state of alert – elevated blood pressure, rapid breath, hypersensitivity to stimuli – that mimics our natural fight-or-flight response. Individuals subjected to toxic stress remain at this elevated level of response; their bodies are programmed to anticipate the next attack. Toxic stress can have damaging effects on learning, behavior, and health throughout a person's life, yet is often not recognized as distinct from a temporary stress such as a traffic delay or missed deadlines at work. Temporary stress can often be alleviated relatively quickly, for example, with a conversation with friends or a jog in the park, whereas toxic stress is more deeply rooted.
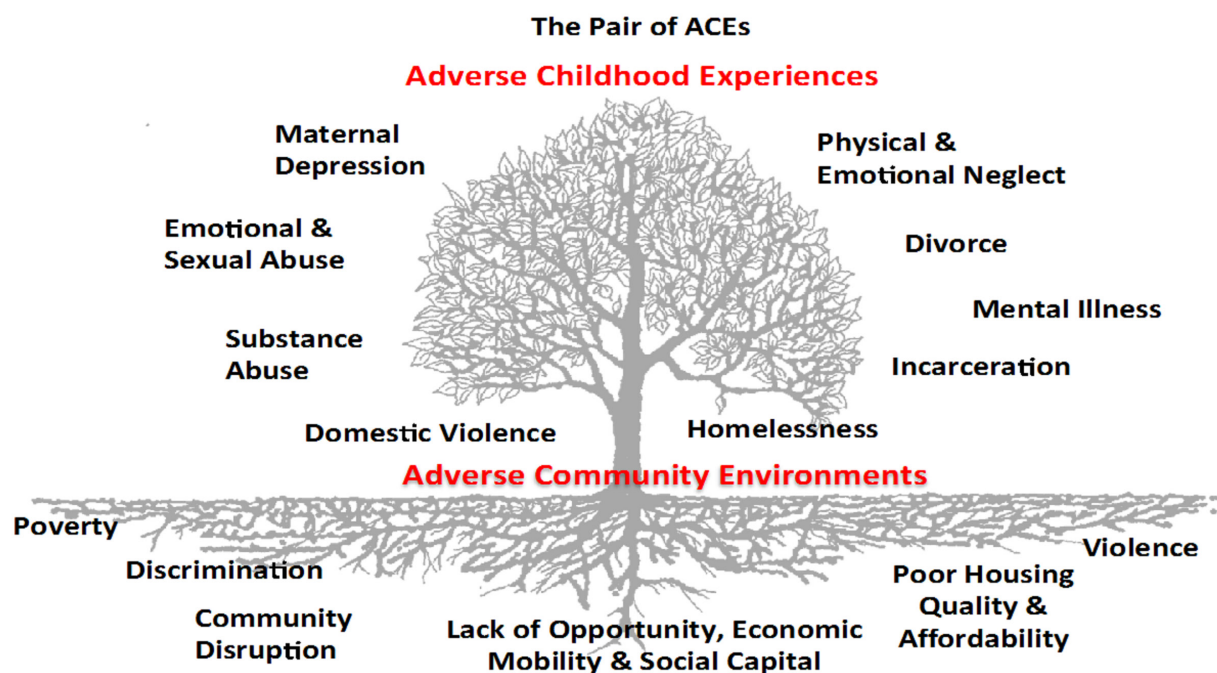
Social Determinants of Health. The conditions in which people are born, work, live and age, and the wider set of forces and systems shaping the conditions of daily life, have a direct impact on health outcomes, from one's likelihood of developing chronic diseases to his or her life expectancy. According 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.

Trauma-Informed Care. This is an approach to delivering care – in a health care program, a social services organization, or in an educational setting, for example – 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 care: 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).*

Visualizing the Issue

Using the Pair of ACEs Tree

The Pair of ACEs tree pictured below illustrates the influence of a community environment on the lives of children and families. Specifically, the Pair of ACEs tree depicts the interconnectedness of **a**dverse **c**ommunity **e**nvironments (ACEs) – the soil in which some children's lives are rooted – and the **a**dverse **c**hildhood **e**xperiences (ACEs) of their family environment, or branches on which children bud and grow.

The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression · Physical & Emotional Neglect · Emotional & Sexual Abuse · Divorce · Mental Illness · Substance Abuse · Incarceration · Domestic Violence · Homelessness

Adverse Community Environments

Poverty · Discrimination · Community Disruption · Lack of Opportunity, Economic Mobility & Social Capital · Poor Housing Quality & Affordability · Violence

Ellis W & Dietz W, A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model, *Academic Pediatrics* (2017).

The leaves on the tree represent the exposures to adverse childhood experiences that are easily recognized in medical, educational, and social service settings, such as a well child visit or a preschool classroom. Adverse childhood experiences increase a person's risk for poor coping mechanisms and can result in lifelong chronic illnesses, such as depression, heart disease, obesity, and substance abuse. Physical or sexual violence and abuse or neglect, for example, can exist as toxic stressors for individuals.

Rich Soil Results in a Resilient Community

The Pair of ACEs tree is planted in soil that is steeped in systemic inequities and dysfunction, robbing it of nutrients necessary to support a thriving community. Adverse community experiences, such as lack of opportunity, limited economic mobility, fear of discrimination, and the associated effects of poverty and joblessness, contribute to – and compound – the adversities that children and families experience.

If the soil is improved through investments in economic development, affordable housing or educational opportunities, for example, the branches on the tree will grow stronger, yielding healthier leaves. This will translate into improved and measurable outcomes, such as increased kindergarten readiness, increased high school graduation rates, lower crime rates and increased economic mobility for children and families.

Buffers to Build Resilience

BCR aims to build and strengthen community supports, or buffers, that support resilience and can prevent or alleviate the effects of the Pair of ACEs on individuals and entire communities. The buffers that lead to resilience exist at individual, family, and community levels. They include:

Individual-Level Buffers	Family-Level Buffers	Community-Level Buffers
Personal characteristics	Resources	Peer relationships
Personal traits	Supportive relationships	Nonfamily relationships
Intellect	Family coherence	Nonfamily social support
Self-efficacy	Parental relationship	Religion
Coping skills	Stable caregiving	Community cohesion
Appraisal of adversity or maltreatment	Spousal support	Civic engagement
Life satisfaction	Stable employment	Economic development

Table 1. Resilience Factors. Afifi T, MacMillan H. (2011). Resilience following child maltreatment: A review of protective factors. *Canadian Journal of Psychiatry.* 56(5):266-272.

The BCR approach aims to connect a range of partners, organizations, and systems, and help them recognize a child or family's exposure to the Pair of ACEs, and ensure needed social supports are delivered to improve home environments, which benefit children and whole families. BCR achieves this goal by working across sectors to address adverse community factors, and more specifically, by establishing and connecting buffers for resilience at the community, family, and individual levels.

Ultimately, BCR creates a durable network of buffers by educating sectors – from health care to education – about the Pair of ACEs, building and aligning networks, and integrating systems to help children and families thrive. Creating such cross-sector, community-integrated partnerships can only be accomplished if community leaders, policymakers, schools, health departments, health care providers and parents understand the problem we aim to solve: the Pair of ACEs.

Often, the stories about children and families in the community best convey these issues and inspire a range of partners to become involved in coalition efforts to build community resilience.

BCR Example Stories and Scenarios

Stories can be an incredibly powerful tool in conveying the impact of the Pair of ACEs and the potential of applying the BCR approach through partnerships in the community. Below are examples of the many ways the Pair of ACEs can present themselves. They are based on composites of stories from around the country. Use them with potential partners to describe the potential of using the BCR approach in your community, or use them as inspiration to create narratives that resonate and apply to your specific community.

Pair of ACEs Scenario

Mark and Diane once had thriving jobs in an Ohio manufacturing plant until a car accident left them with severe back injuries, unable to work. Ineligible to receive workman's compensation, the couple and their young children, Emma (5), Ava (7) and Lucas (10), quickly lost their livelihood, their home, and their dignity as they slid from America's middle class to America's forgotten class. Permanently disabled, Mark spends his days struggling to find odd jobs in their small town. Diane lost hope and spends her days in an opioid- and alcohol-induced fog. The family survives on a mix of public benefits, including Medicaid, welfare, Social Security income and housing vouchers. The children attend school, less for the education and more for the free breakfast and lunch that help ensure they are fed.

Potential BCR Solutions

Because the children attend a school in which a majority of families have very low incomes, community health workers (CHWs) and visiting nurses make home visits to evaluate the students' wellbeing. If the school system were meaningfully connected with the adult substance abuse program in the town, a visiting nurse or CHW could ensure Diane gets the services needed to treat her depression and opioid dependency without her fearing she'll lose her children.

Pair of ACEs Scenario

Justine is a 13-year-old girl locked in juvenile detention. Her incarceration follows an attempted suicide after years of struggling with debilitating depression and anxiety. Born to a heroin-addicted mother in Oregon's Willamette Valley, Justine bounced from flophouse to flophouse with her mom before being placed in state custody at four years old. By then, she had been diagnosed with reactive attachment disorder and oppositional defiance disorder, direct consequences of her chaotic first years of life. Justine was adopted when she was six years old. Since then, her adoptive parents have struggled to find needed mental health support in their small Idaho community that lacks a child psychiatrist. In a fit of rage, when Justine beat the family dog then attempted to overdose on cough medicine, the county sheriff arrested her and sent her to juvenile detention for her own protection. After 72 hours, unless charged with a crime, Justine will return home with no clear plan for long-term care outside the juvenile justice system.

Potential BCR Solutions

The sheriff's best option to protect Justine from hurting or killing herself is putting her in juvenile detention – but it's only a 72-hour solution. Yet, in nearby Boise, Idaho, pediatric behavioral health services exist and could provide Justine and her family with important supports and treatment. The missing link – and an opportunity to build resilience – is a pathway to relationships and programs that would allow the sheriff to refer Justine's case to a proper community-based mental health provider to get her lasting help.

Pair of ACEs Scenario

Eight-year-old Xavier's family spends hard earned money – of which they have very little – on bottled water instead of picking up free water and avoids accessing free, recommended developmental screening at a municipal center in their town of Flint, Michigan. Fear of deportation poses a greater risk to the family than lead contamination. Xavier's mother was born in Flint, after her parents fled war-torn El Salvador in 1989, crossing into the U.S. without documentation. His grandparents speak little English and live in Xavier's basement. Years of manual labor (migrant farming, itinerant day labor jobs, including construction and housekeeping) have left the elderly couple with numerous debilitating ailments. They are completely dependent upon Xavier's family for care. While Xavier and his parents have legal status, they live with the fear that any interaction with civil authorities will lead to the grandparents' deportation, an outcome that would be a death sentence for the couple.

Potential BCR Solutions

In the midst of Flint's water crisis, fear prevents Xavier's family from taking advantage of necessary, free public health services they are eligible for: clean water and developmental health screenings. A peer-to-peer network driven by trusted individuals in Xavier's community – and recruited through a tightly knit group of Spanish-speaking churches there – could link the public health system with a community that would benefit greatly from its services.

BCR TALKING POINTS

Below are high-level talking points that can guide your conversations with potential partners, including funders and policymakers. They will help you describe the problem, the Pair of ACEs (we recommend using the Pair of ACEs tree to support this point) as well as the roles that a range of sectors and community partners can play.

- **Adverse childhood experiences are an *American* public health problem. They affect *everyone* – all races, genders, and education and income levels – in every community across the country.**
  - Analyses from a Centers for Disease Control and Prevention (CDC) study indicate that the number of adverse childhood experience that Americans experience occur in relatively equal proportion across races in the states collecting adverse childhood experiences data. More than 40 percent of the U.S. adult population reports experiencing two or more adverse childhood experiences during childhood (MMWR 2010).
- **Adverse childhood experiences and adverse community environments are more than a children's health issue. The Pair of ACEs impact the overall quality of life and economic development of an entire community**.
  - The negative effects of exposure to adversity can be seen in families from generation to generation. While exposure to adverse childhood experiences occurs across all races, genders and income levels, children and adults living in adverse community environments bear a greater burden of negative health outcomes (Nurius, 2016). As the Pair of ACEs tree graphic illustrates, this disparity in health outcomes may be connected to the lack of access to buffers (supportive systems and resources) in the community to help individuals overcome adversity embedded in their neighborhoods and home environments.
- **Every system or organization that touches an aspect of a child's life and family can contribute to community resilience.**
  - Resilience is supported by buffers that protect children and families from the negative effects of adversity (Afifi, 2011). A robust network of buffers comes from a range of partners -- from small organizations to large systems – that are connected to impact a child's and family's life for the better by providing support and access to appropriate care and services. BCR aims to connect and strengthen these local networks.
- **Adverse childhood experiences and adverse community environments are issues that can be addressed with existing resources and systems.**
  - Safe, stable and nurturing relationships and community environments support growth and provide individual and family level buffers for healing and skill building.
  - For example, provide parents support from local services and social networks to offset challenges embedded in families and communities. To achieve this, communities can focus on young children, expectant mothers, and neighborhood networks by teaching health care and educational systems to implement a trauma-informed approach. Doing so can prevent the need for costly and less-effective attempts to address problems as they emerge later in life.
- **Building community resilience is about creating and strengthening a network of buffers and supports that help children, families, and whole communities to "bounce forward."**
  - The ability to not only survive, but thrive, in the face of adversity is built on resilience, which is critical to health and wellbeing.

BCR COMMUNICATION GUIDELINES FOR THE 'PAIR OF ACEs'

It is essential to define the Pair of ACEs for potential partners through clear language that takes their perspective into account. How has gentrification affected their neighborhoods? How have illegal drug and substance abuse affected neighbors and relatives? As you talk about BCR concepts, consider some of these communication guidelines when framing the conversation around these and other issues with different individuals or organizations.

1. **Know your audience**. Think about their perspective – what do they care about? Where do the Pair of ACEs, community adversity, and BCR intersect with their work, mission or goals? Framing the work in a way that applies to their perspective or experience will help forge understanding and highlight opportunities for collaboration.

2. **Be clear and concise**. What are the two or three points you want the person to learn or remember? How and where would you like them to be engaged in this effort? Be specific. Provide a positive example of what could work, rather than just introducing the problem.

3. **Tell stories – brief stories – to illustrate your key points**. Stories have the power to make an abstract issue real and relevant to the listener. Share the stories of children and families facing the Pair of ACEs in your community and an example of how the BCR approach could help alleviate the problem. (See the Example BCR Stories and Scenarios for ideas.)

4. **Avoid jargon**. Every sector, industry, and organization has its own lingo, which can be off-putting to those who aren't familiar. Make sure the language you use has a common meaning with your audience.

5. **Describe and illustrate.** Get your points across, successfully connect with a wider range of audiences, and help others understand the Pair of ACEs and BCR concepts by describing and illustrating, not just naming and labeling:

   a. Adverse Childhood Experiences – Negative childhood experiences (physical, sexual and emotional abuse; neglect; family members with mental health or substance abuse issues; loss of a parent to divorce, violence or jail) that harm the healthy development of children and have damaging effects on health and wellbeing, such as chronic disease, mental illness, learning and cognitive development, and violent behavior.

   b. Adverse Community Environments – Communities that have a high concentration of poverty and violence and/or low access to resources, such as food retail, public transportation, and services like education, health care, behavioral health, employment opportunities, economic development and limited social supports for health and wellbeing.

   c. Resilient Communities – A community that provides a range or buffers across families, agencies and sectors so that families and individuals are supported. This community network actively works to address the root causes of community adversity to prevent accumulation of the Pair of ACEs.

6. **Avoid making the moral argument for addressing adverse childhood experiences and adverse community environments.** Unless you are communicating with a faith group, for example, that is motivated by a sense of moral duty, framing the BCR work as such can sometimes be less effective. Stronger arguments can be made for improved outcomes – including health, economic, educational, and safety – as a result of the BCR approach to collaboration and coordination across multiple sectors.

BCR TOOLS FOR COALITION BUILDING, COMMUNICATION AND STRATEGY DEVELOPMENT

Adverse childhood experiences are more than a public health issue, yet public health and social service providers may be best positioned to lead the wide-ranging coalitions necessary to address the Pair of ACEs in their communities. This is not a rule, but a point to consider when assembling a coalition of partners to support your BCR efforts.

The following guidelines and tools can help you assess the adversities and resources in a community, find the right path for community and policy change through strategic communications, and ultimately build a coalition of strong partners. Each coalition will have different strategies and tactics based on the community's needs and the policy environment.

The Tools and When to Use Them

The five initial BCR test sites (in Portland, OR, Cincinnati, OH, Dallas, TX, Washington, DC, and Wilmington, DE) used the following communications and partner-building tools to help them develop and build their local partnerships. While these are not BCR tools, they have been critical to helping BCR sites focus their work. The Smart Chart® and Message Box were developed by Spitfire Strategies (found at smartchart.org). The additional tools – Identifying Potential Partners, Mapping Assets, Connecting Policies and Procedures, and Being Part of the Policy Conversation – were adapted for BCR from Partner Build Grow: An Action Guide to Sustaining Child Development and Prevention Approaches by the Center for Health and Health Care in Schools (CHHCS) at the George Washington University (actionguide.healthinschools.org).

Below we provide guidance on how to use these tools to achieve specific communications goals.

1. Develop shared understanding and shared language around the Pair of ACEs by using messages that align with your goals, local conditions, and that resonate with your partners. Use this guide to craft messages that keep your coalition members focused on the same goals and strategies across multiple sectors.
    a. Use the **Smart Chart®** and **Message Box** (Step 3 of the Smart Chart®) to create a strategic communication plan and messages tailored for specific audiences and their concerns. The Smart Chart® produces a strategic communication plan to accomplish your coalition's objectives.

2. Assure that your coalition reaches across different communities and organizations and also includes public and private sectors. The coalition should include all organizations that touch a child's life through services, policies or community support (such as health care, public health, education, faith-based, recreation, neighborhood, etc.). This coalition should lead, collaborate and ultimately address the Pair of ACEs.
    a. Use the **Identifying Potential Partners Tool** to identify the various organizations, professionals and community members involved in the community that could join as a partner on your coalition. You may also use this tool to learn of networks or partnerships working on similar issues.

3. Ensure that your initiative aims to reduce the burden of the Pair of ACEs on children and adults across their life spans. The initiative needs to consider the supports that parents and the community need to provide healthier outcomes for all.
    a. Use the **Mapping Assets Tool** to collect information on relevant programs, initiatives, demographics, needs, and resources that will assist in developing a comprehensive strategic plan for priority communities. You can also use this tool to identify gaps and redundancies of assets and services and highlight other aims you may want to include in your strategic plan.

4. Obtain commitments from leadership across your collaborative and community to lend their voices and leverage resources to drive lasting impact. This usually involves advocacy for practice and policy change. Leaders should be able to convene key stakeholders and organizations that otherwise may not come together to push for these changes. Their vision and engagement can connect initiatives related to education, safety, and social services for greater impact.
    a. Use the **Connecting to Policies and Procedures Tool** to determine what potential policies and procedures may be the focus of your coalition's strategy. This tool also helps to identify barriers or opportunities for the policy changes. Once you have determined the policy strategy, use the **Being Part of the Policy Conversation Tool** to track the policy landscape, the relationships that should be built and maintained, and the potential legislative or regulatory processes that you might want to influence to make policy change happen.

Connecting to New Partners

What would you want a parent, school principal, health care executive, faith-based leader or foundation program officer to know about the Pair of ACEs? How do you determine whether their organization and the people they serve could benefit from collaboration with your coalition? How do you connect your work with these individuals' interests and concerns?

Coalitions must tailor their messaging for each audience they aim to connect with. The most effective messages are based on the audience's priority interests, values and barriers. Use the **Message Box in the Smart Chart®** to create the messages for each audience in order to establish new partnerships, advocate for policy change, and fundraise for the coalition.

Use the BCR Coalition Building and Communications Guide with partners to establish some definitions and baseline concepts around the Pair of ACEs in your community, and focus on the perspectives, priorities, and concerns of your priority audience to create your specific messaging.

Use the **Identifying Potential Partners Tool** to determine which individuals, groups, and stakeholders to approach for collaboration.

Most of your initial partners will be parents, faith-based groups, school systems (including day care and early childhood education), city government and health care partners, but there are more than 30 groups and sectors that could become part of your BCR coalition. They include:

Community Mental Health Agency/Programs   Federally Qualified Health Centers
Substance Use Prevention/Treatment Centers   Hospital or Health Care Institutions
School Health Professional Organizations   Parent-Teacher Associations or Organizations
School District/Education Organizations   Family Advocacy Organizations

Department of Health Agency/Programs	Elected Community or Neighborhood Representatives
Department of Social Services Agency/Programs	Town Council/Community Organizers
Department of Recreation Agency/Programs	Mentoring/Youth Development Organizations
Department of Child Welfare Agency/Program	Parent Groups (school connected or otherwise)
Department of (Juvenile) Justice Agency/Programs	Community Service/Volunteer Organizations
Local Police Departments	Housing/ Community Development Sector
Community Club/Organizations	Local Businesses/Retail Sector
After-school Program Providers	Manufacturing
Local Foundations	Arts/Theater Groups
Universities or Colleges	Music/Cultural Groups
Elected Officials	Food/Hospitality Industries
Faith Organizations	Environmental/Outdoors Groups

You can use the **Smart Chart®** and **Identifying Potential Partners Tool** to better understand each of the various organizations, professionals, and members involved in the community that could join as a partner in your coalition.

Crafting Messages for Specific Audiences

The key to developing meaningful partnerships is an understanding of your audience. This approach will help ensure that what you're saying – your messages – and what you're asking of them are framed around their perspective and mindset, not your assumptions.

The Message Box was designed to help you create tailored messages for specific audiences based on their interests, values and barriers. The message tool should be revisited each time you are connecting to a new audience to request collaboration. There are four parts of a message:

Example Audience: School Principal

The **Ask** (or request) is the central part of your message. This is what you would like your audience to do. The ask should be something specific that is aligned with their values (see below).

- **Action:** Demonstrate that your ask fits into their world and is worth their effort. Start with a simple, doable action that you can build on.
- **Caution:** Expressing a vague goal without making a specific ask will not lead to real action and partnership.
- **Example:** Instead of asking a principal for support to make the nearby neighborhood safer for students, ask him or her to attend a community meeting addressing local gang activity. Follow up with the principal to deepen his or her engagement. Ask for collaboration with parents, police, and neighbors to ensure students can get to and from school safely.

Barriers are reasons not to take action.
- **Action:** Before meeting with a new audience, try to get a sense of some of their barriers from your existing partners, and by reading their websites, social media, and any news coverage.
- **Caution:** Frame your argument positively. When you are crafting your messages for a new audience, avoid repeating their barrier – doing so can just reinforce that barrier in their minds.
- **Example:** Principal's barrier: *"It's not in my ability to impact the gang activity in the neighborhood around the school."* Getting beyond the barrier: *"You are not solely responsible, but you have access to students as a trusted adult. If we can build relationships with you, your school, neighbors and the police, we can*

prevent students from becoming involved in gang activity and build a safer neighborhood for all."

Values often drive behavior and decision-making. Figure out what matters to your audience. You can connect with higher-level values (fairness, family, freedom, etc.) or community values (neighborhood pride, religious tenets, ethnic culture, etc.) or individual values (self-identification, lived experience, peer pressure and stigma, etc.).

- **Action:** Listen. Understand your audience's values by speaking with people who understand them, and asking them directly. This is an opportunity to connect.
- **Caution:** Do not make assumptions about the values of your audience. Your message should elicit a nod of approval or understanding from them.
- **Example:** *"We know you value your students' academic success. Through partnership, we have the opportunity to ensure they stay away from gang activity and focus on school."*

Finally, the **Vision** embodies what you see for the future – the community resilience built from your collaboration.

- **Action:** You want your audience to see the merit in agreeing to your ask. This is best achieved by showing them how it aligns with their personal values.
- **Caution:** Your vision should be positive, making the case for taking action and why it will lead to progress and community resilience.
- **Example:** *"Working together with students, neighbors, and local police, we can support the community to ensure your students not only achieve academically, but are set on a path to lifelong success, from attending college, to obtaining well-paying jobs and beyond."*

Messages for Specific Audiences

As you craft your messages for a particular audience, be as specific as possible while keeping their perspective and experience in mind. Below is a grid to help you develop effective communications and a path forward for collaboration with specific audiences and sectors.

Sector	Decision maker	Where does their work/values align with prevention of the Pair of ACEs? Examples below.	What is your Ask? Examples below.
Faith-based Organizations	Local pastor, imam, youth minister or faith-based homeless shelter director	• Serving their congregation to support health and wellbeing • Connecting with a variety of services and resources to provide the congregation and the community • Connecting with a larger network of trauma-informed support for congregation members in need	• Join the coalition • Become a trauma-informed organization or have staff trained to identify the Pair of ACEs in your congregation or community
Education	Elementary school principal, middle school counselor, day care director or a school board member	• Building the foundation for lifelong success and learning • Developing school-based social supports so that children come to school fed, safe, healthy and ready to learn • Supporting early detection of behavioral issues and healthy child development • Implementing alternatives to suspension	• Join the coalition. • Become a trauma-informed organization or have staff trained to identify children exposed to the Pair of ACEs • Advocate for school board policy changes or additional resources to address issues in the classroom
Parents and Caregivers	Also consider caregivers of young children: mothers, fathers, grandparents.	• Providing optimal environments and supports for their children (caregivers may experience barriers – such as working several jobs or long hours, an absent or abusive spouse, or lack of dependable transportation or safe spaces for their children to play)	• Join the coalition. • Take a positive parenting class. • Lead a parenting group in the neighborhood. • Talk to the local leaders, neighborhood council or school board for support, policy changes or additional resources.
Health Care Systems	CEO, community affairs director, head of pediatrics or a physician-advocate	• Providing trauma sensitive care • Bridging medical care with community resources to improve health outcomes	• Join the coalition. • Introduce trauma-informed care within the health care system. • Meet with local funders and policy makers to discuss Pair of ACEs in your community.