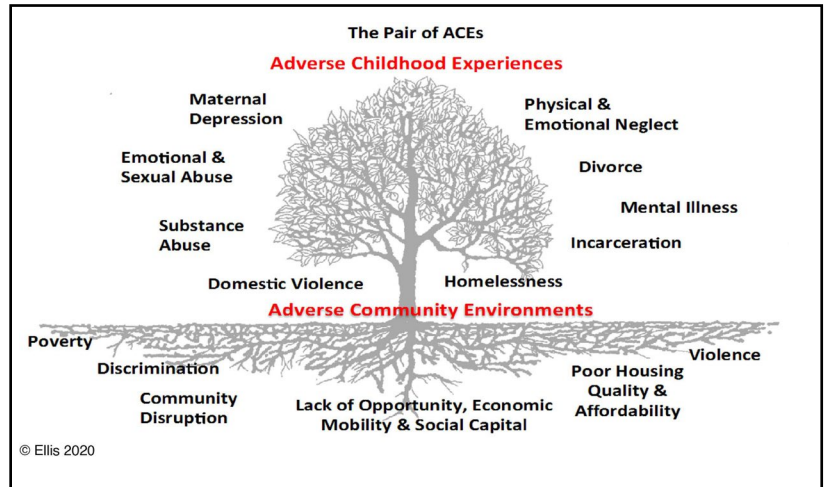




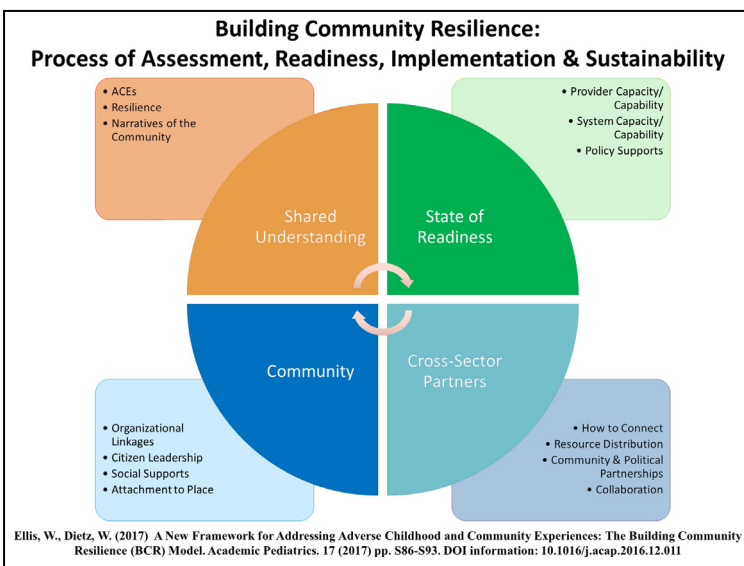
Resilience Catalysts in Public Health is a national collaborative and network of local health departments (LHDs) seeking to eliminate adversity, build resilience and foster equity through policy, practice and program change. In collaboration with the Center for Community Resilience at The George Washington University (CCR), the National Association of City and County Health Officials (NACCHO) and the American Public Health Association (APHA), the Resilience Catalyst network utilizes the Community Resilience (CR) framework, developed at CCR by Dr. Wendy Ellis.

The Pair of ACEs & CR Framework

Building community resilience requires strengthening a system of buffers to prevent negative outcomes associated with adverse childhood experiences (ACEs), particularly in the context of adverse community environments (ACEs)—the Pair of ACEs. This is achieved through alignment and adjustment of large systems—such as housing, public education and law enforcement and criminal justice through partnership *with* community.



The Community Resilience (CR) framework connects wellness to a local context focusing on place-based and systems-driven community and population health outcomes and is designed to be used by LHDs as a Public Health 3.0 strategy for the Chief Health Strategist. As Chief Health Strategists, LHDs work across sectors, including housing, public education, criminal justice and law enforcement to drive initiatives that address ACEs, injury prevention, opioid misuse, suicide and the impact of structural racism on community characteristics, such as homelessness, juvenile incarceration rates and educational attainment. Often framed as social determinants of health, these characteristics are closely tied to policies and practices of the systems that serve community. The utility of the CR framework is demonstrated through the development of system dynamics models for each community. These models map the relationship between variables across sectors to community characteristics and outcomes and help identify opportunities for policy, practice and program change.



The Process

Resilience Catalysts use the (CR) framework, with technical assistance provided by CCR, NACCHO, APHA and to conceptually connect place-based and systems-driven community context, population health outcomes, and policy. LHDs use the [Building Community Resilience \(BCR\) process](#) to guide continuous efforts to build shared understanding, examine local state of readiness, engage cross-sector partners, and work side by side with community members to identify community needs and priorities. Each step in the process helps to identify policy, practice change, and community programming opportunities for addressing adversities and building community resilience.

- Logic Modeling (Creating Internal Shared Understanding, Assessing State of Readiness)**
 LHDs receive technical assistance to develop a Theory of Change and Logic Model with community, providing a systematic visualization of strategies, goals and measures constructed in evidence-based planning.
- System Dynamics Modeling (Identifying Community Priorities, Creating Shared Understanding, Establishing Cross-sector Partnerships)**
 Experts work with each site to develop a system dynamics model that maps relationships among multi-sector variables and identifies policy, practice change, and programming opportunities. The modeling process involves interactive Group Model Building sessions with cross-sector partners and community stakeholders to build consensus and establish shared language. CCR researchers use these data to build system dynamics models for each community and hold feedback sessions to refine the models.
- Key Informant Interviews (Identifying Community Priorities, Assessing State of Readiness)**
 Key Informant Interviews are conducted by CCR to help shape the emerging Logic Model and System Dynamics Model. The qualitative data gathered during the interviews provide detailed community context to inform the development of the Logic Model. They also provide expert descriptions on how the system behaves in the local environment, which guide the designs for model structure and equations of quantitative variables within the System Dynamics Model.
- Virtual Learning Sessions (Facilitating a Cross-site Community of Practice)**
 LHDs participate in a monthly virtual learning session to exchange lessons learned and discuss opportunities to collaborate and accelerate policy and practice change. The team at CCR develops monthly curriculum to help support the community of practice in areas such as federal, state and local policy, communication tools and techniques to foster cross-sector engagement, and strategies to advance equity in policy, practice and programs.
- Communicating Community Resilience (Creating Shared Understanding, Fostering Cross-sector Partnership, Identifying Community Priorities, Community Capacity Building)**
 Each LHD receives customized technical assistance from CCR and its partners to develop a plan for communicating the Resilience Catalyst initiative aimed at increasing cross-sector and community engagement in the effort.
- Policy Scan (Assessing State of Readiness, Igniting Cross-sector Action, Community Capacity Building)**
 Using the logic model and system dynamics model as a strategic guide, LHDs receive technical assistance to identify best practices and policy changes to address sources of inequity and adversity in their community. Working with CCR's Policy Lab each team receives a policy platform that helps to build/inform a vision for advocacy and systems change.

The Resilience Catalysts in Public Health Networks & Collaborators

The first cohort of Resilience Catalyst network partners was launched in 2019 and includes Mesa County, CO, Louisville, KY, Cambridge, MA, and Appalachian District, NC. Acting as Chief Health Strategists, each local health department and their community partners have developed a system dynamics model to address ACEs, suicide and opioid misuse through a unique local lens as outlined below:

- Mesa County, CO:** Build social cohesion by identifying the drivers in community environments that underpin poor health outcomes to disadvantaged populations.
- Louisville, KY:** Reduce disparities in evictions by investing in quality, affordable housing by developing supportive policies for renters and grounding the work in local data and context analysis.
- Cambridge, MA:** Reduce suicide rates among young men of color.
- Appalachian District, NC:** Understand historical trauma in rural Appalachia to address the drivers/systems that lead to disparate health outcomes, inequitable employment opportunities and housing policies that stunt economic mobility.

Joining the Project in 2021:

- Alameda County, CA
- Baltimore City, MD
- Leon County, FL
- Shelby County, TN
- Tacoma-Pierce County, WA

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