Beyond Resilience... Flourish

To Flourish: “To Prosper with Sustained, Continuous, Steady, Strong Growing Well”
Hardwired for Anticipated World

**Dangerous**

Conception

BRAIN
Prepares for anticipated world

CHARACTERISTICS
“Brawn over Brains”
Focused: Fight, Flight or Freeze

OUTCOME
Individual & species survive the worst conditions

TOXIC STRESS

**Safe**

BRAIN

CHARACTERISTICS
“Process over Power”
Multi-focused: Relational

OUTCOME
Individual & species survive in good times; vulnerable in poor conditions

Dissonance between biological expectations & social reality fuels problems

Adapted from the research of Martin Teicher, MD, Ph.D
Epigenetics

“Parents with their own genetic vulnerabilities can pass on protection to the next generation provided that they are given the right support.”

Van der Kolk, 2014, The Body Keeps the Score, p. 157
Early Death
Disease, Disability, Social Problems
Adoption of Health-Risk Behavior
Social, Emotional & Cognitive Adaptation
Adaptive Neurodevelopment
Adverse Childhood Experiences
Historical Trauma
ACE Categories Considered in Study

**Abuse**
1. Child physical abuse
2. Child sexual abuse
3. Child emotional abuse

**Neglect**
4. Physical Neglect
5. Emotional Neglect

**Indicators of Family Dysfunction**
6. Mentally ill, depressed or suicidal person in the home
7. Drug addicted or alcoholic family member
8. Parental discord – indicated by divorce, separation, abandonment
9. Witnessing domestic violence against the mother
10. Incarceration of any family member
ACEs are Common

- Over 50% have ≥ 1
- 30% have ≥ 3
- 5.5% have ≥ 6

Illinois 2013 BRFSS
ACE Study Major Findings

ACE Categories (ACEs) are Interrelated

ACEs are Common

Accumulation Matters

Graded Relationship: Disease, Disability, Social, Productivity Scores = Good Proxy Measure Childhood Toxic Stress Dose

ACEs are the Most Powerful Known Determinant of Health
  – Mental, Physical, Behavioral, Productivity, Disability, & Social Problems
Among Adjudicated Youth with High ACE Scores, 85% were first suspended from school in second grade.
Pathways to Poverty and Homelessness

Adaptations To Toxic Stress
- Cognition
- Attention
- Behavior

Risks
- Academic Failure
- Early Substance Use/Abuse
- Kicked Out
- Dropped Out
- Adult Adversity

Productivity
- Low Wage Jobs
- Worker Injury/Illness
- Disabilities
- Chronic Health Problems
Adult Adversity Compounds Effects

Adults with ≥3 ACEs

Plus

Major Stress Categories:

1. Homelessness
2. Incarceration
3. Chronic illness
4. Separation/Divorce
5. Severe Depression
6. Work-related Injury/Illness

% with 15-30 Disability-Interrupted Days a…

Number of Adult Major Stress Categories…
### Outcomes Attributable to ACEs

#### Risk
- Smoking
- Heavy drinking
- Obesity
- Risk of AIDS
- Taking painkillers to get high
- Obesity

#### Prevalent Disease
- Cardiovascular
- Cancer
- Asthma
- Diabetes
- Auto immune
- COPD
- Ischemic heart disease
- Liver disease

#### Poor Mental Health
- Frequent mental distress
- Sleep disturbances
- Nervousness
- MH problem requiring medication
- Emotional problems
- restrict activities
- Serious & persistent mental illness

#### Health & Social Problems
- Fair or poor health
- Life dissatisfaction
- Health-related limits to quality of life
- Disability that impedes daily functioning
- Don’t complete secondary education
- Unemployment
- History of adult homelessness

#### Intergenerational ACE Transmission
- Mental Illness
- Drugs or Alcohol Problem
- Multiple divorces, separations
- Victim of family violence
- Adult incarceration
ACEs and Co-Occurring Problems

Mean # of Co-Occurring Outcomes

ACE Score

Health & Social Problems
- Panic Reactions
- Depression
- Anxiety
- Hallucinations
- Sleep Disturbances
- Severe Obesity
- Pain
- Smoking
- Alcoholism
- Illicit Drug Use
- IV Drug Use
- Early Intercourse
- Promiscuity
- Sexual Dissatisfaction
- Amnesia (Childhood)
- Problems with Anger
- Perpetration of Family Violence

Affect Regulation
Somatic Issues
Substance Use
Sexuality
Memory
Arousal
The Magnitude of the Solution

Population Attributable Risk for ACE–related problems ranges from 20% to 80%

61% of History of Adult Incarceration is Attributable to ACES.
Building Self-Healing Communities

Population Affected by ACEs

Community Services

Other Special Services

Education System

Justice System

© 2013 ACE Interface
CULTURE MATTERS:

“Direct service programs can't solve widespread, complex, intergenerational social problems. Culture-change can, and at a fraction of the cost.”

Dr. Kim Martin, in Building Self Healing Communities, RWJ, in press
We have the power to shift the dynamics that lead to high ACE scores.
Stunning Results for a Small Investment

Communities using the Self-Healing Communities Model for ≥8 years reduced the rates of seven major social problems:

- Child abuse and neglect
- Family violence
- Youth violence
- Youth substance abuse
- Youth suicide
- Teen pregnancy
- Dropping out of school

Per-year avoided caseload costs in child welfare, juvenile justice and public medical costs associated with births to teen mothers were calculated to be over $601 million, an average of $120 million per year, for a public investment of $3.4 million per year.

(Scheuler et al., 2009)
Hospitalizations 1994-2004

Alcohol Arrests 1994-2004

Difference in slopes p=0.003

Difference in slopes p=0.008
Infant Mortality
1998-2006

Difference in slopes \( p=0.043 \)

Filings for Juvenile Offenses
1998-2006

Difference in slopes \( p=0.000 \)
Core Protective Systems

“Nurturing the healthy development of these protective systems affords the most important preparation or ‘inoculation’ for overcoming potential threats and adversities in human development. Similarly, damage or destruction of these systems has dire consequences for the positive adaptive capacity of individuals.”

*Ann Masten, 2009*
Community Capacity Building

Investing in the people with the most at stake – create conditions for them to:
• Contribute their core gifts,
• Experience belonging, and
• Intentionally shape the future they would like for next generations.

Community Capacity Development is a public health approach to solving interrelated problems by improving people’s connections, their shared responsibility, and the collective impacts of their efforts.
THE SELF-HEALING COMMUNITIES PROCESS MODEL

THREE ELEMENTS CHARACTERIZE THE JOURNEY TO SELF-HEALING FOR COMMUNITIES.

1. SELF-HEALING PARTNERSHIPS
2. SELF-HEALING PRINCIPLES
3. SELF-HEALING PROCESSES
Partnerships

“Funders, subject matter experts, service providers and community members are partners who work in concert to support culture change. In Self-Healing Communities, services are delivered in ways that also build community and social networks that will remain in the lives of clients after formal services have ended.”

Six Principles for Success

1. Inclusive leadership,
2. Learning communities,
3. Emergent capabilities,
4. Engagement informed by neuroscience, epigenetics, adverse childhood experience and resilience research (NEAR),
5. Right-fit solutions
6. Hope and efficacy.
Leadership Expansion

Participation expanding to include sectors, classes, cultural groups, professional disciplines.

Reflect; Changes become credible and contagious: Secure new ways.

Act on what matters most within the community. Realize community vision for better lives.

Opportunity expands for many; Increase skills and confidence; Healthy processes & structures generated.

Emergence (Creates Both Path & Destination)

Adaptive Stability & Shared Identity

Coming Together

Appreciative Action (Finds Strengths & Acts Upon Them)

Leadership & Opportunity
Help that Helps

1. **Support:** Feeling socially and emotionally supported and hopeful
2. **Help:** Having two or more people who give concrete help when needed
3. **Community Reciprocity:** watching out for children, intervening when they are in trouble, and doing favors for one another
4. **Social Bridging:** reaching outside one’s immediate circle of friends to recruit help for someone inside that circle.
Support

Feeling socially and emotionally supported and hopeful

... Always or Usually

(vs Rarely or Never)
ACEs & Poor Mental Health

Poor Mental Health More Than Half Last Month With Support & Hope

% of Population

0 ACE
1-3 ACEs
4-8 ACEs

Low Support & Hope
High Support & Hope
Mental Health & Support

Poor Mental Health More Than Half Last Month With Support & Hope

% of Population

0 ACE 1-3 ACEs 4-8 ACEs

Low Support & Hope  High Support & Hope

Foundation for Healthy Generations 2014
ACEs & Poor Health

Poor Physical Health More Than Half Last Month With Support & Hope

% of Population

0 ACE 1-3 ACEs 4-8 ACEs

Low Support & Hope High Support & Hope

Foundation for Healthy Generations 2014

ACE Interface
Poor Health & Support

Poor Physical Health More Than Half Last Month With Support & Hope

% of Population

0 ACE 1-3 ACEs 4-8 ACEs

Low Support & Hope High Support & Hope
ACEs & Ability to Work

Unable to Work With Support & Hope

% of Population

- 0 ACEs
- 1-3 ACEs
- 4-8 ACEs

Low Support & Hope
High Support & Hope

Foundation for Healthy Generations 2014
Help

Having two or more people who give concrete help when needed
**ACEs & Hunger**

Hungry: Not Enough Money With Help

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Hunger & Help

Hungry: Not Enough Money With Help

% of Population

Low Help  High Help

0 ACE  1-3 ACEs  4-8 ACEs

0  10  20  30  40  50

Foundation for Healthy Generations 2014

ACE Interface
ACEs & Diabetes

Diabetes With Help

% of Population

0 ACE  1-3 ACEs  4-8 ACEs

Low Help  High Help
Diabetes & Help

Diabetes With Help

% of Population

0 ACE  1-3 ACEs  4-8 ACEs

Low Help  High Help

Foundation for Healthy Generations 2014
ACEs & Mental Illness Symptoms

Moderate-Serious Mental Illness With Help

% of Population

Low Help  High Help

0 ACE  1-3 ACEs  4-8 ACEs
Mental Illness Symptoms & Help

Moderate-Serious Mental Illness With Help

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0 ACE, 1-3 ACEs, 4-8 ACEs

Low Help

High Help
ACEs & Poor Health

Fair or Poor Health With Help

% of Population

0 ACE 1-3 ACEs 4-8 ACEs

Low Help High Help

Foundation for Healthy Generations 2014
Poor Health & Help

Fair or Poor Health With Help

% of Population

0 ACE  1-3 ACEs  4-8 ACEs

Low Help  High Help

Foundation for Healthy Generations 2014
Community Resilience

Community Reciprocity: watching out for children, intervening when they are in trouble, and doing favors for one another

Social Bridging: reaching outside one’s immediate circle of friends to recruit help for someone inside that circle.
Reciprocity & Bridging

Better Rates:
- Obesity
- Mental Illness Symptoms
- Alcohol Consumption among Women
- Physical Activity
- Happiness
- Worry about Money for Rent
- Having A Primary Care Physician
- Experiencing Housing Instability
- Being Hungry Because of No Money
“Restoring relationships and community is central to restoring well-being”

• Language gives us the power to change ourselves and others by communicating our experiences and finding common meaning
• We have the ability to regulate our own physiology with basic activities: breathing, moving, touching, tuning to others
• We can change social conditions and create environments where people can feel safe and thrive

Van der Kolk, 2014, The Body Keeps the Score, p. 38
Implications for Funders

1. Fund Collaborative Infrastructure – Meta Leadership
2. Structure Funds for Nimble Action
3. Participate with Community as a Learning System
4. Evoke and Support Community Change Over Time
5. Track Leading and Lagging Indicators
Attend to helping the community move through phase transitions, even when those transitions are characterized by volatility.

Communities need long standing partners who continually invest in process: building relational networks, supporting leadership and communities of practice, illuminating emerging positive features of the community and challenging systems of influence.
Building Self-Healing Communities

The Magnitude of the Solution

lauraportergarden@gmail.com