From Adversity to Action

Community-Driven Strategies to Address ACEs and Build Lasting Resilience

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Learning Objectives

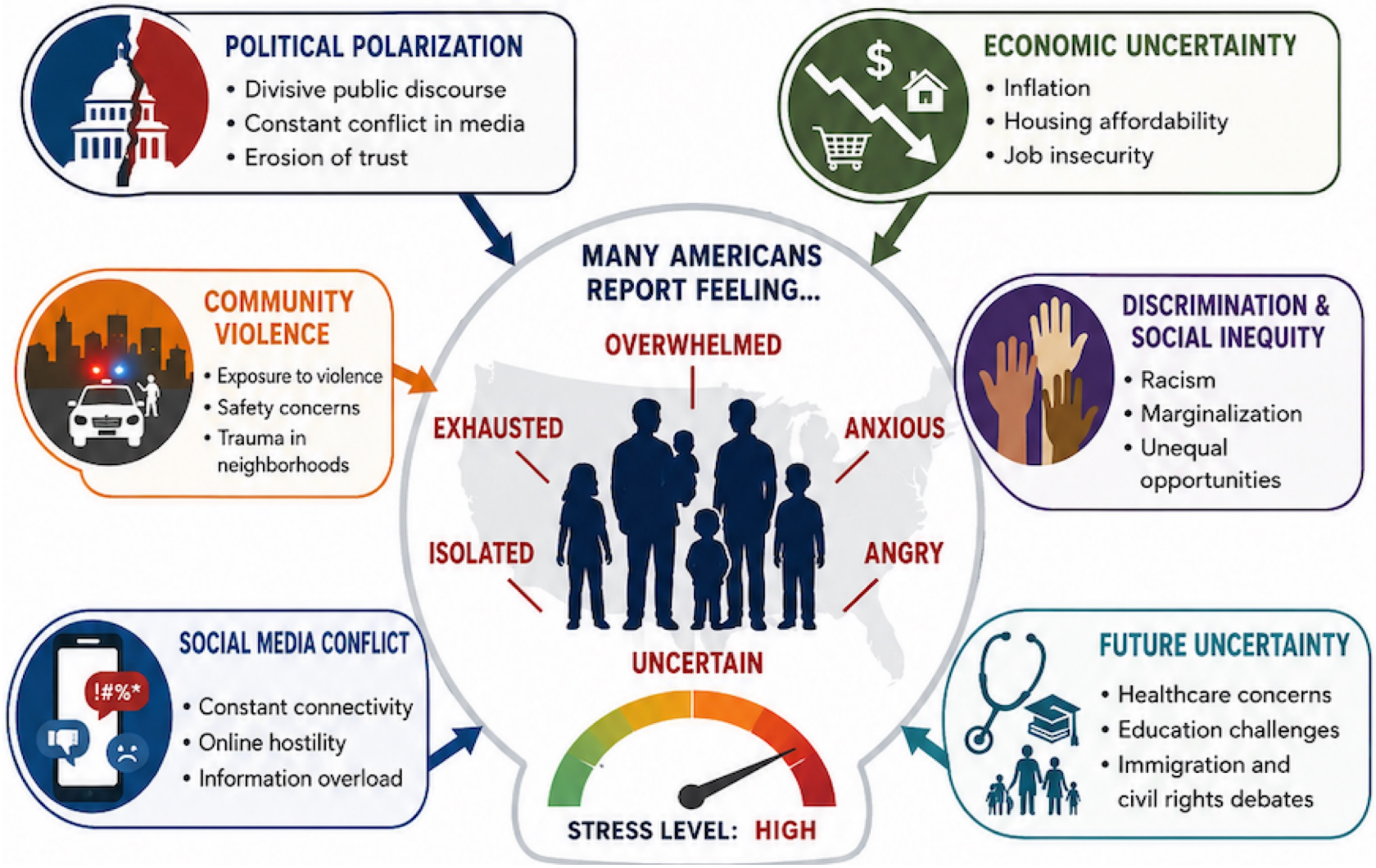
- By the end of this session, participants will
  - Understanding community-level impacts of ACEs
  - Identify protective factors that promote resilience
  - Apply trauma-informed, equity-centered strategies
  - Explore cross-sector collaboration models
  - Translate evidence into actionable community interventions

Overview

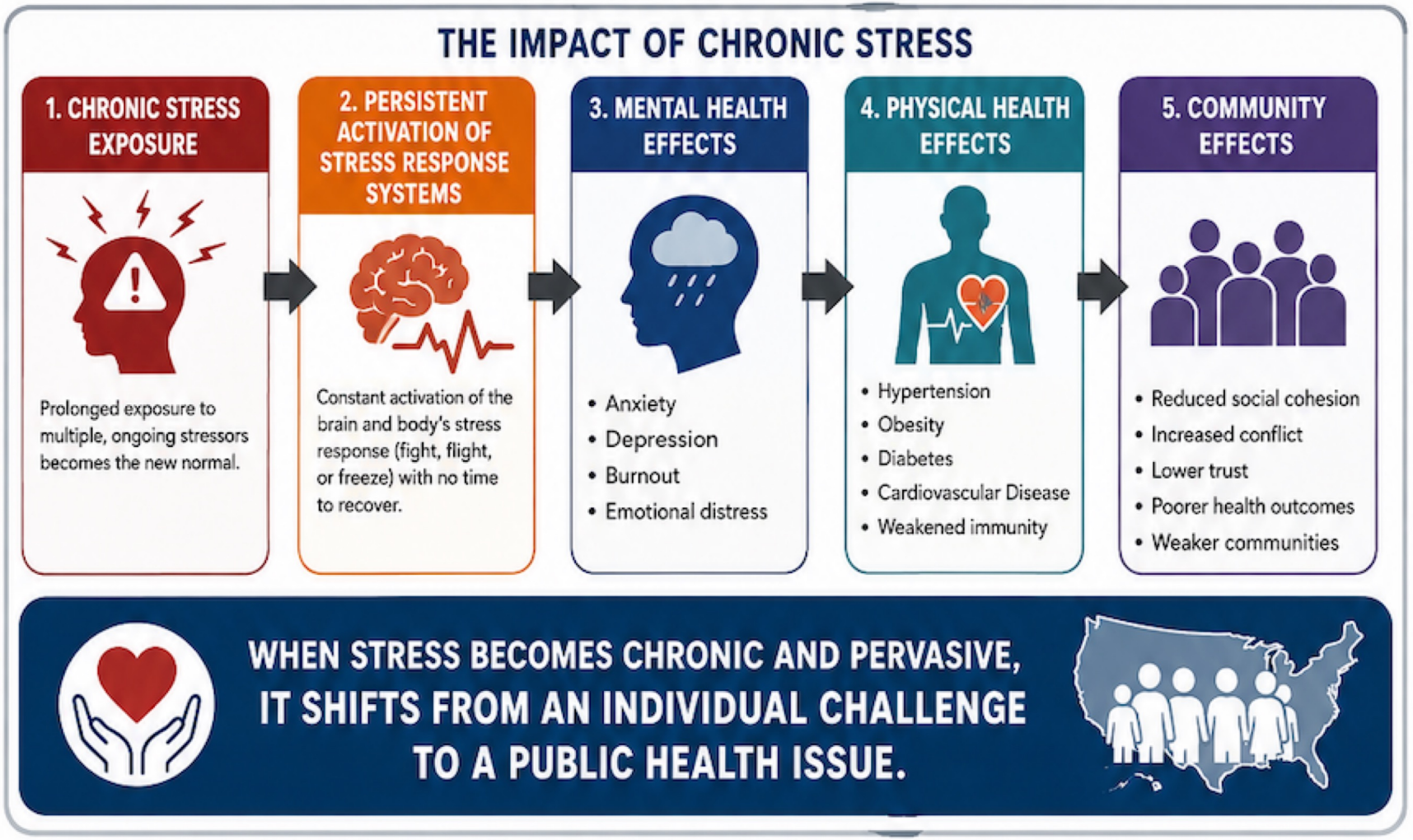
- Scope of the Problem
- Life Course Impact of Childhood Adversity
- Science of Resilience
- Actionable Strategies to Promote Community Resilience

America Under Stress: A Nation Facing Chronic Toxic Stress

Political division, economic pressures, violence, discrimination, social conflict, and uncertainty are creating unprecedented levels of chronic stress across communities.



Impact of Chronic Stress



Political Polarization and Social Change Impacting Well-Being in Minnesota

- Ranked one of the best states for health, education, and quality of life

- Local impact of national stressors
  - Structural racism
  - ICE creating community fear
  - Tribal Nations experienced historical trauma and persistent sovereignty challenges

George Floyd

ICE in Minnesota

Tribal Nations

The Human Impact of Structural and Historical Stressors in Minnesota

Life Expectancy in Minnesota by Race/Ethnicity

Experiences of discrimination, community violence, historical trauma, social exclusion, and chronic stress contribute to unequal opportunities for health and longevity across communities.

Adapted from RWJF County Health Rankings & Roadmaps 2020

The Economic Cost of Chronic Community Stressors

National Economic Costs

Stressor	Estimated Annual or Cumulative Economic Cost
Racial discrimination and inequity	**$16 trillion in lost U.S. GDP over 20 years** due to disparities in education, wages, housing, and business investment.
Racial and ethnic inequality broadly	**$51 trillion in lost economic output since 1990**.
Gun violence	**~$557 billion annually** in healthcare, criminal justice, productivity losses, and reduced quality of life.
Injury and violence overall	**$4.2 trillion annually** in medical costs, lost productivity, and lost quality of life.
Indigenous health disparities	**$23–40 billion annually** in excess economic costs attributable to health inequities affecting Indigenous populations.

Minnesota's health inequities alone are estimated to cost more than $2 billion annually.

The costs of chronic stress are measured not only in human suffering, but also in lost lives, lost potential, and billions of dollars in avoidable societal costs.

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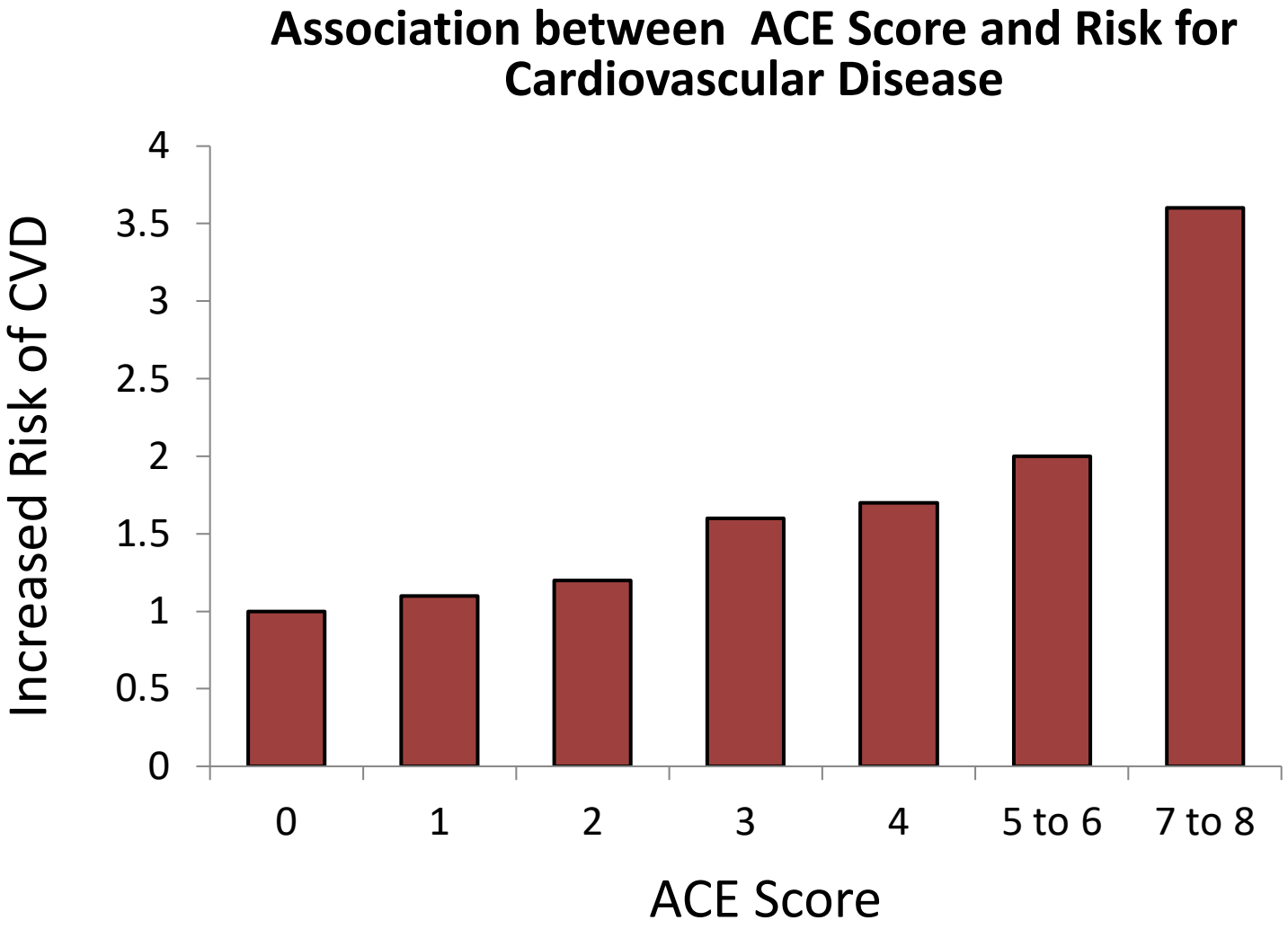
Adverse Childhood Experience Study

- Published by CDC/Kaiser in 1998
- Surveyed 17,000 policy holders
- Understand relationship between childhood adversity & adult health outcomes

Childhood Exposure	Subcategory
Abuse	Psychological
	Physical
	Sexual
Household stressors	Substance abuse
	Mental illness
	Intimate partner violence
	Criminal behavior
	Divorce
Neglect	Emotional
	Physical

Adapted from Felitti et al., 1998

Graded Relationship Between ACE Score and Cardiovascular Disease

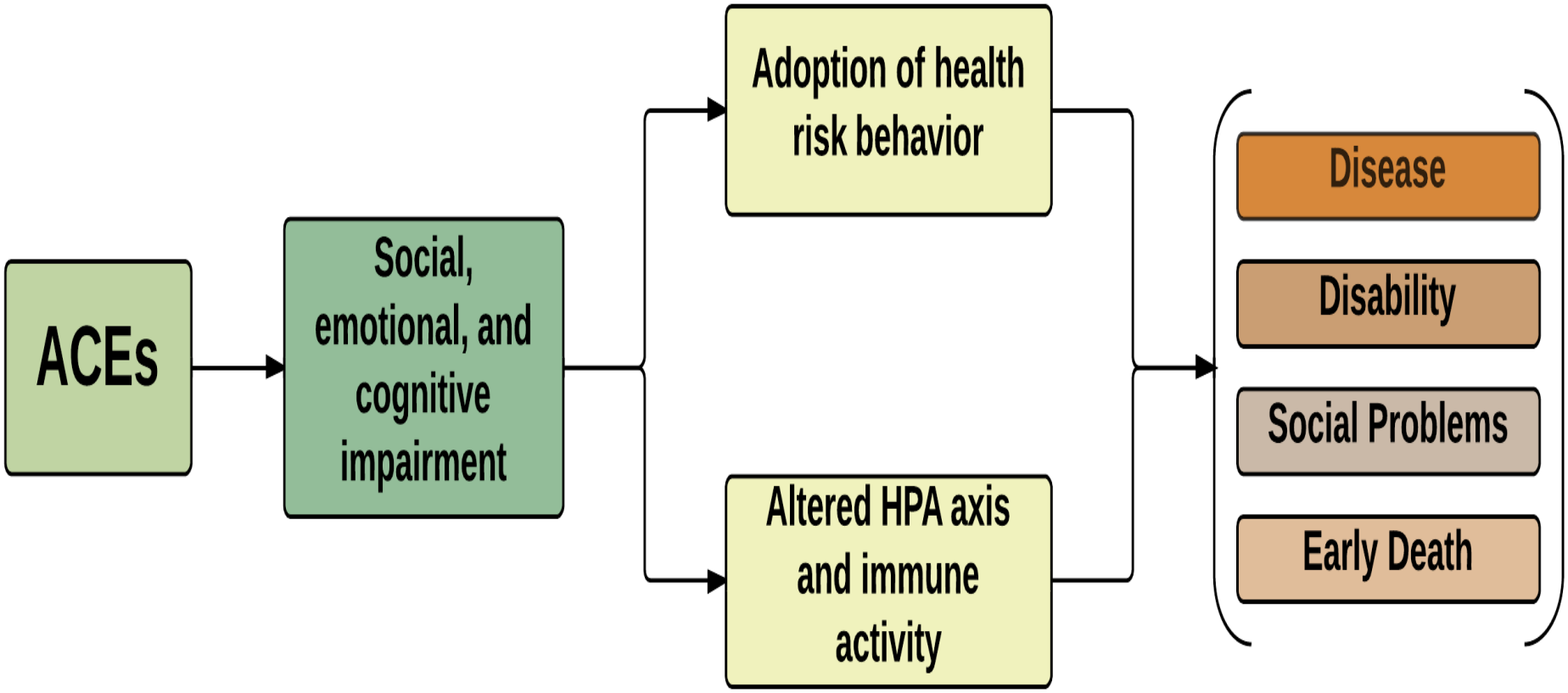


Adapted from Dong et al., 2004

Graded Relationship Between ACE Score and Health Outcomes

Health Risk Behaviors	Mental Health Conditions	Physical Health Conditions
Smoking	Depression	Cardiovascular Disease
Alcohol Abuse	Anxiety	Diabetes
		Emphysema
Drug Abuse/Illicit Drug Use	PTSD	Cancer
		Obesity
High Risk Sexual Behavior	Hallucinations	Liver Disease
		Headaches
	Suicide	Autoimmune Disease
		Sexually Transmitted Infections
		Self-Reported Health
		Disability
		Fetal Death
		Mortality

How Does Childhood Stress Get Under the Skin?

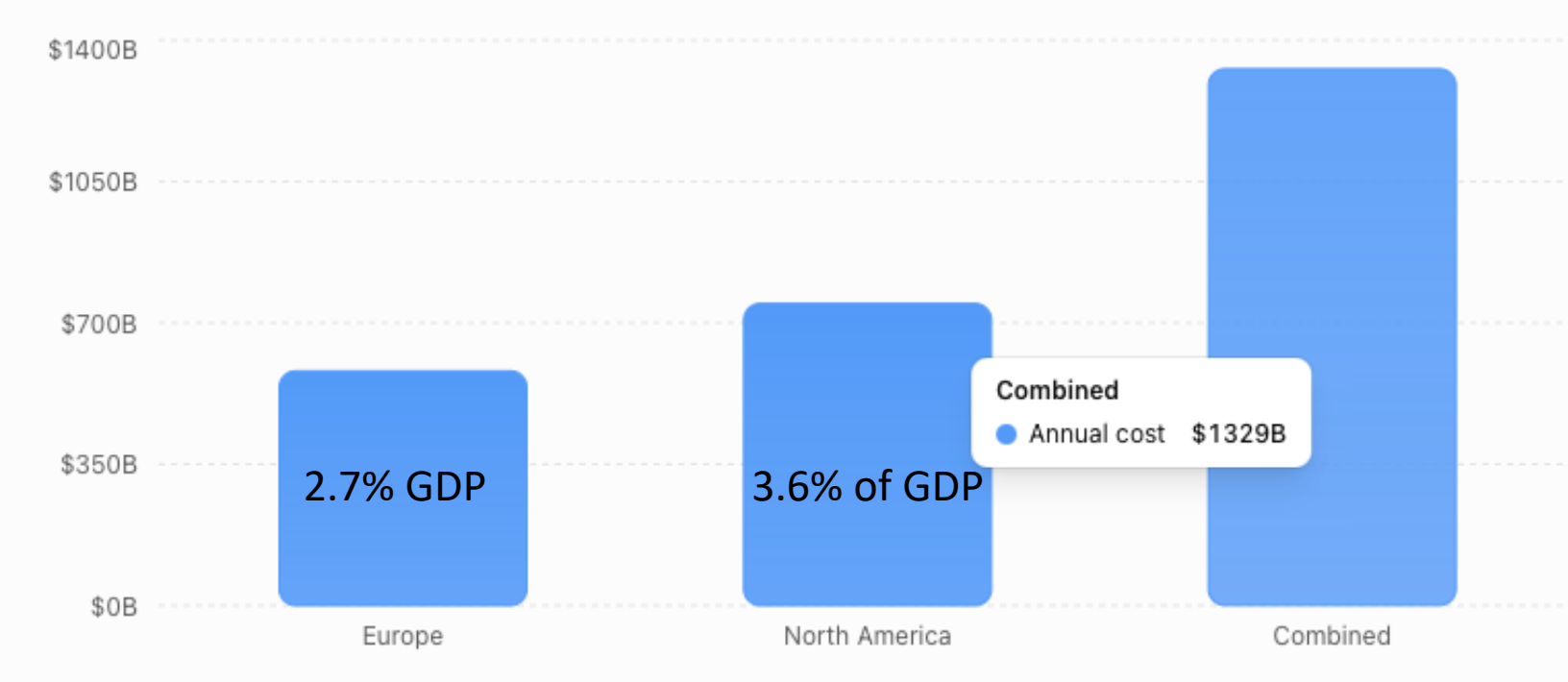


Community-Level Consequences of ACEs

Domain	Key Findings	Community-Level Consequences
Physical Health	Adults with ≥4 ACEs have approximately **2× higher risk of cardiovascular disease**, **2× higher risk of cancer**, and substantially increased risk of diabetes, COPD, stroke, and obesity.	Increased healthcare utilization, higher healthcare expenditures, reduced life expectancy
Mental Health	Individuals with multiple ACEs have approximately **4-fold increased risk of depression**, **5- to 12-fold increased risk of suicide attempts**, and markedly higher rates of substance use disorders.	Greater demand for behavioral health services, higher disability burden, increased overdose and suicide rates
Education	Children exposed to ACEs demonstrate lower academic achievement, poorer executive functioning, increased absenteeism, and reduced graduation rates.	Lower educational attainment, reduced workforce readiness, increased special education and support service needs
Workforce & Economy	ACE exposure is associated with lower employment, reduced earnings, increased work absenteeism, and decreased productivity across adulthood.	Reduced labor force participation, decreased tax revenue, increased public assistance utilization
Healthcare Costs	ACE-related health conditions contribute to billions in annual healthcare spending. Studies estimate the annual economic burden of ACEs in North America exceeds **$700 billion**.	Increased strain on healthcare systems and public health infrastructure
Public Safety & Justice	Higher ACE exposure is associated with increased risk of violence involvement, victimization, incarceration, and justice system contact.	Increased criminal justice expenditures and community safety concerns
Intergenerational Effects	ACEs increase risk of parental mental illness, substance use, economic instability, and adverse childhood experiences among the next generation.	Perpetuation of trauma and health disparities across generations

ACEs: A Trillion-Dollar Public Health Crisis

Estimated annual costs from ACEs in Europe and North America (2019)



Recent 2023 analysis estimated the annual economic burden of ACE-related adult health conditions in the United States alone at $14.1 trillion annually when lost healthy life-years are included.

The Philadelphia ACE Study

A collaborative, led by the Institute for Safe Families (ISF), to develop and implement research, practice, and policies in urban pediatric settings based on the Adverse Childhood Experiences (ACE) study.

PUBLIC HEALTH management corporation

St. Christopher's Hospital for Children

Drexel UNIVERSITY
SCHOOL OF PUBLIC HEALTH
CENTER FOR NONVIOLENCE AND SOCIAL JUSTICE

ISF INSTITUTE FOR SAFE FAMILIES
www.instituteforsafefamilies.org

The Children's Hospital *of* Philadelphia®
Hope lives here.

Survey Methods

- Survey was completed as a follow up to the Southeastern Pennsylvania Household Health Survey (SEPA HHS).
  - Survey of over 13,000 children and adults in Southeastern Pennsylvania
  - Comprehensive survey on a broad range of topics
- Philadelphia ACE Survey re-contacted original SEPA HHS Philadelphia respondents who were 18 years or older
- Telephone survey (landline and cell phones)
- Completed by trained male and female interviewers
- Interviews were conducted in English and Spanish
- Interviewed 1,784 Philadelphia adults age 18 and older
- Response rate 67.1%

Philadelphia ACE Study Questions

Conventional ACEs	Expanded ACEs
Physical Abuse	Witnessing Violence
Emotional Abuse	
Sexual Abuse	Living in Unsafe Neighborhoods
Emotional Neglect	
Physical Neglect	Experiencing Racism
Domestic Violence	Living in Foster Care
Household Substance Abuse	
Incarcerated Care Provider	Experiencing Bullying
Mental Illness in the Home	

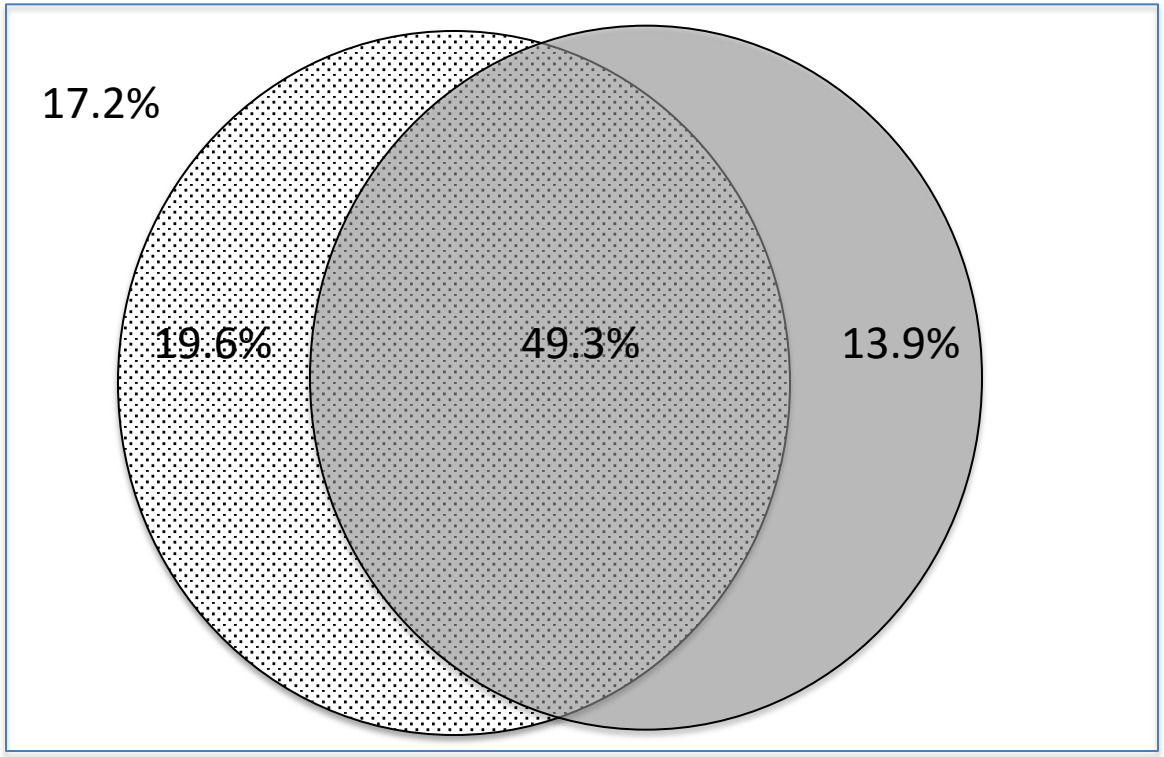
Many of the Traditional ACE are More Prevalent in an Urban Setting

	Philadelphia ACE Study (N = 1,784)	CDC-Kaiser ACE Study (N = 17,337)
Emotional abuse	33.2%	10.6%
Physical abuse	35.0%	28.3%
Sexual abuse	16.2%	20.7%
Physical neglect	19.1%	14.8%
Emotional neglect	7.7%	9.9%
Substance abusing household member	34.8%	26.9%
Mentally ill household member	24.1%	19.4%
Witnessed domestic violence	17.9%	12.7%
Household member in prison	12.9%	4.7%

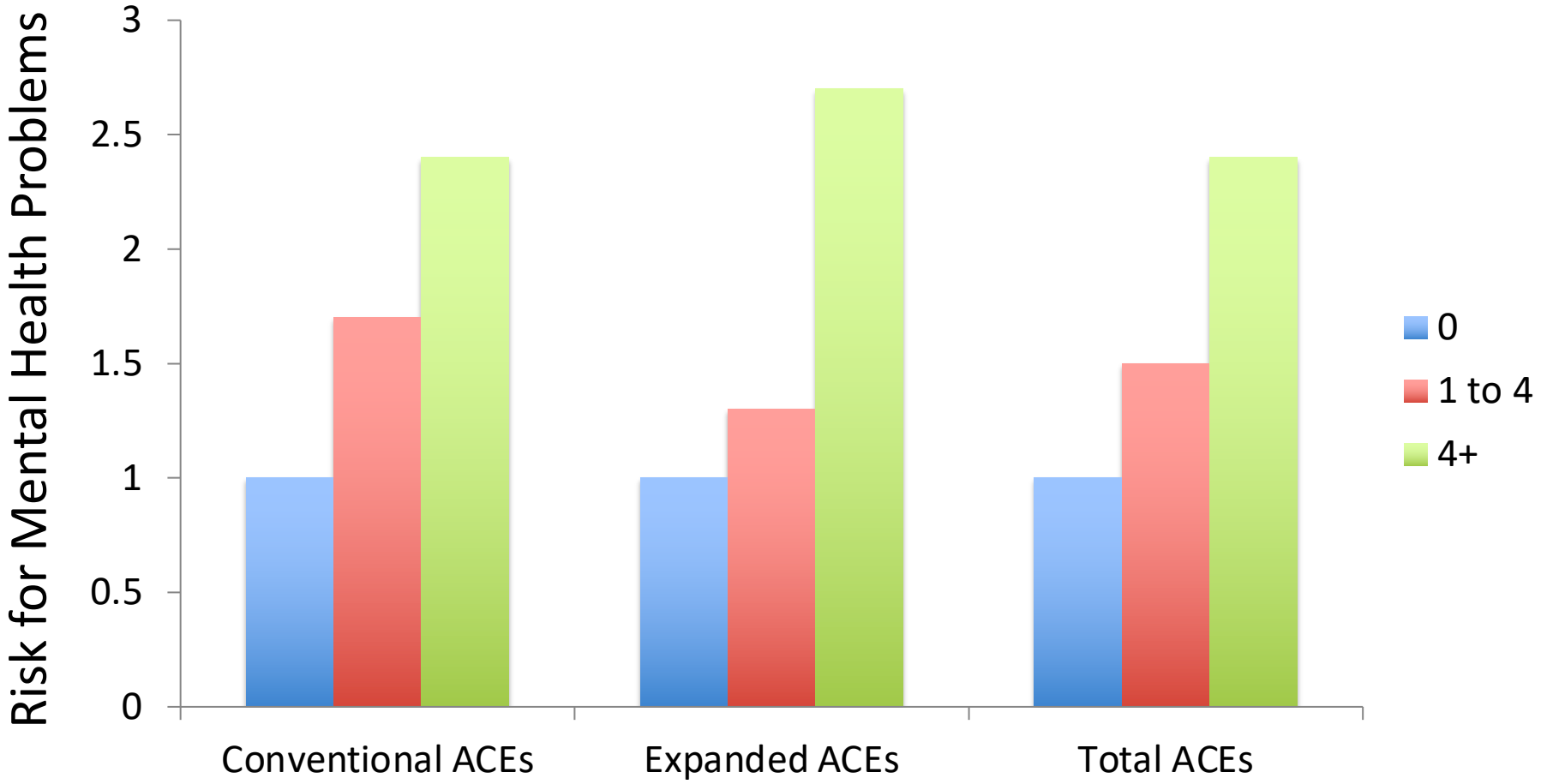
Prevalence of Expanded ACE

Expanded ACE Indicators	Respondents (N = 1,784)
Witnessed violence	40.5%
Felt discrimination	34.5%
Adverse neighborhood experience	27.3%
Bullied	7.9%
Lived in foster care	2.5%

Overlap Between Exposure to Conventional and Expanded ACE



Relationship Between Philadelphia ACE Score and Mental Health Conditions



Demographic Characteristics for Philadelphia Adults with Four or More ACE

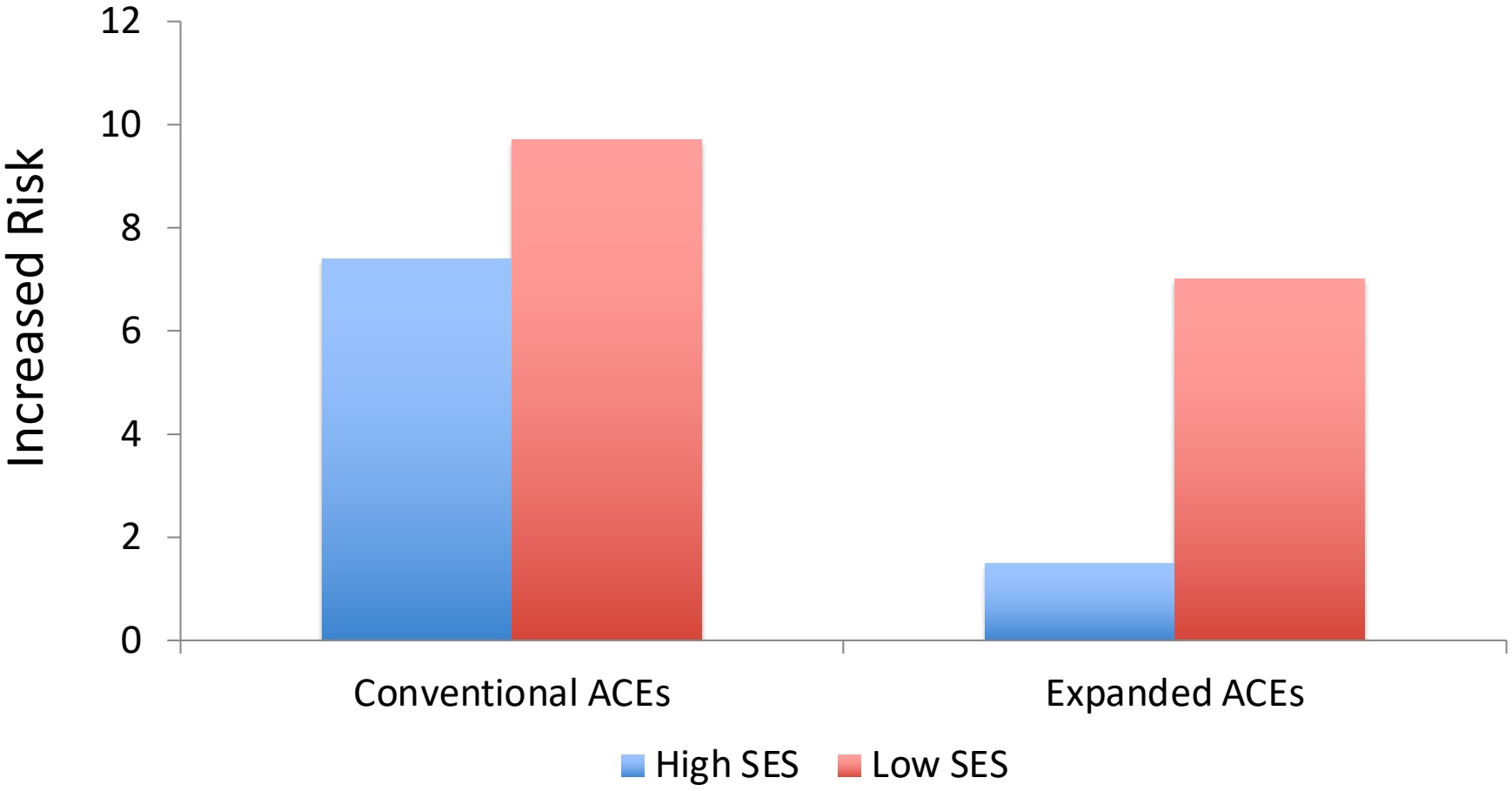
Demographics		Respondents (N = 1,784)
Sex**	Male	58.2%
	Female	41.8%
Race***	Black	48.6%
	White	34.0%
Poverty Level***	Below 150% of poverty guidelines	68.2%
	Above 150% of poverty guidelines	31.8%

*p<0.05; **p<0.01; ***p<0.001

Socioeconomic status, ACE, & Health

- ACEs increase risk for adult poverty
- Adult SES and ACEs have separate influences on poor health
- Low SES adults with a significant history of childhood adversity may be at increased risk for poor health outcomes

SES Magnifies Risk for Substance Abuse Problems Among High ACE Individuals

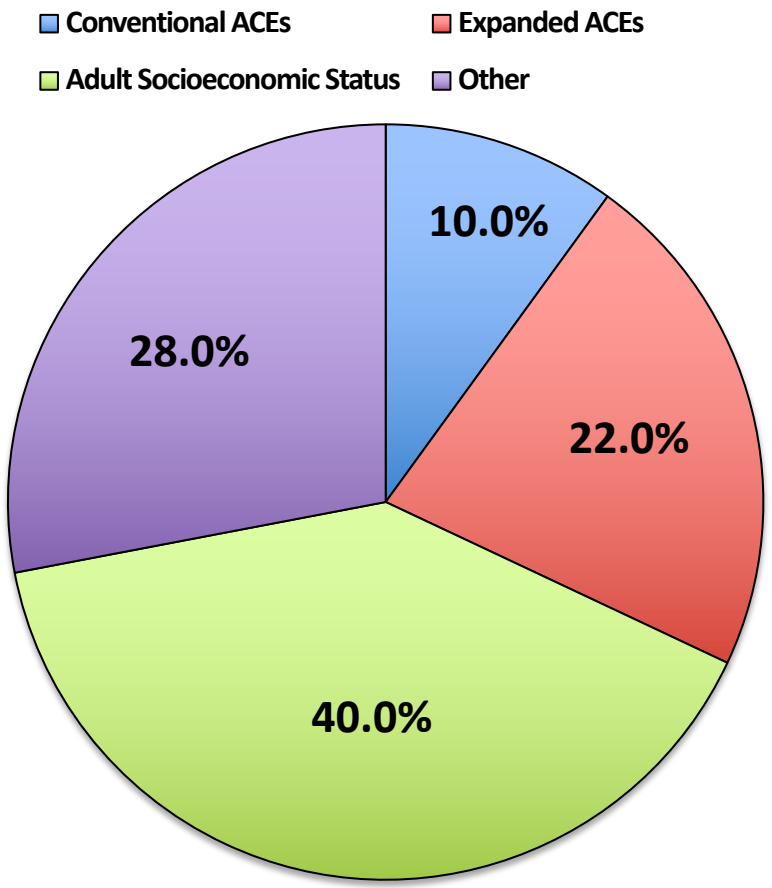


ACE Explain Racial Disparities in Health Outcomes

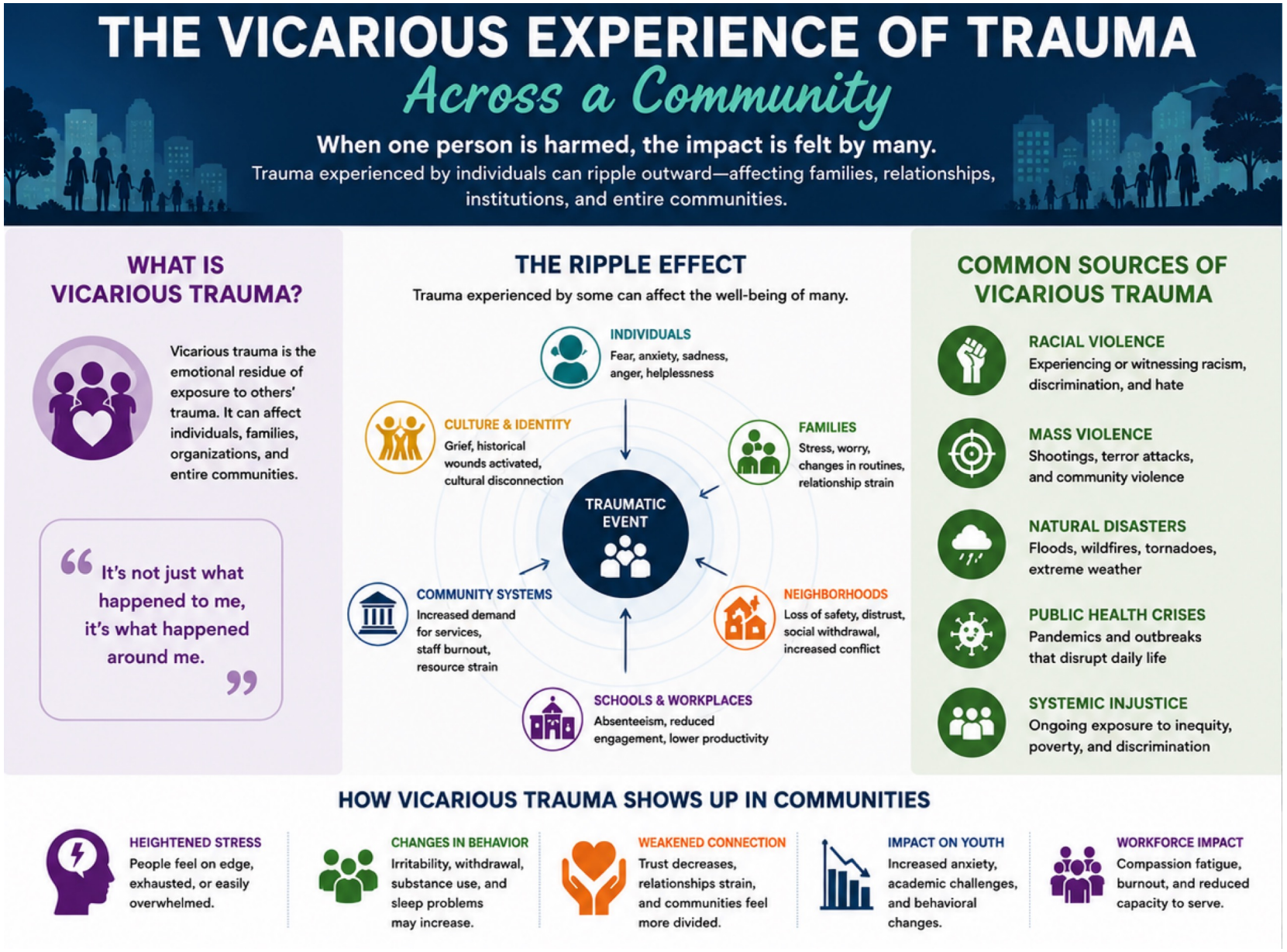
Prevalence of Health Outcomes by Race - Philadelphia

Health Outcome	Blacks	White	p-value
Sexually transmitted infections	21.4	7.1	<0.01
History of substance abuse problems	16.5	7.6	<0.01
Diabetes	23.2	11.7	<0.01
Obesity	46.6	26.1	<0.01

Percentage of black-white difference in adult substance abuse attributable to ACEs & SES



Beyond Individual Trauma



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The Science of Resilience

THE CENTRAL ROLE OF PROTECTIVE FACTORS

Protective factors buffer the impact of adversity, help build resilience, and promote healthy development across the life course.

PROTECTIVE FACTORS ARE THE BUILDING BLOCKS OF RESILIENCE.

When protective factors are present in a child's life and community, they reduce the impact of adversity and create opportunities to thrive.

> *Protective factors don't just help children survive adversity—they help them thrive.*

EXAMPLES OF PROTECTIVE FACTORS

NURTURING RELATIONSHIPS
Positive relationships with parents, caregivers, mentors, and other caring adults.

SAFE AND STABLE ENVIRONMENTS
Living in safe neighborhoods, stable housing, and environments free from violence.

HIGH-QUALITY EDUCATION
Supportive teachers, engaging schools, and opportunities to learn and succeed.

SOCIAL & EMOTIONAL COMPETENCE
Building skills to manage emotions, solve problems, and form healthy relationships.

CONCRETE SUPPORTS
Access to basic needs, healthcare, and community resources when stress occurs.

CONNECTEDNESS TO PEOPLE & COMMUNITY
Feeling a sense of belonging, cultural identity, and involvement in community life.

BUFFER RISK
Protective factors reduce the impact of adversity.

+

PROMOTE RESILIENCE
They build strength, confidence, and adaptive skills.

→

IMPROVE OUTCOMES
Stronger individuals, families, and communities lead to healthier, more equitable futures.

Resilience is built together.

Sources: Center for the Study of Social Policy. Protective Factors Framework. • Masten AS. Ordinary Magic: Resilience Processes in Development. Am Psychol. 2001;56(3):227–238.

Three Levels of Stress

Positive Stress:

Brief increases in heart rate, mild elevations in stress hormone levels

Tolerable Stress:

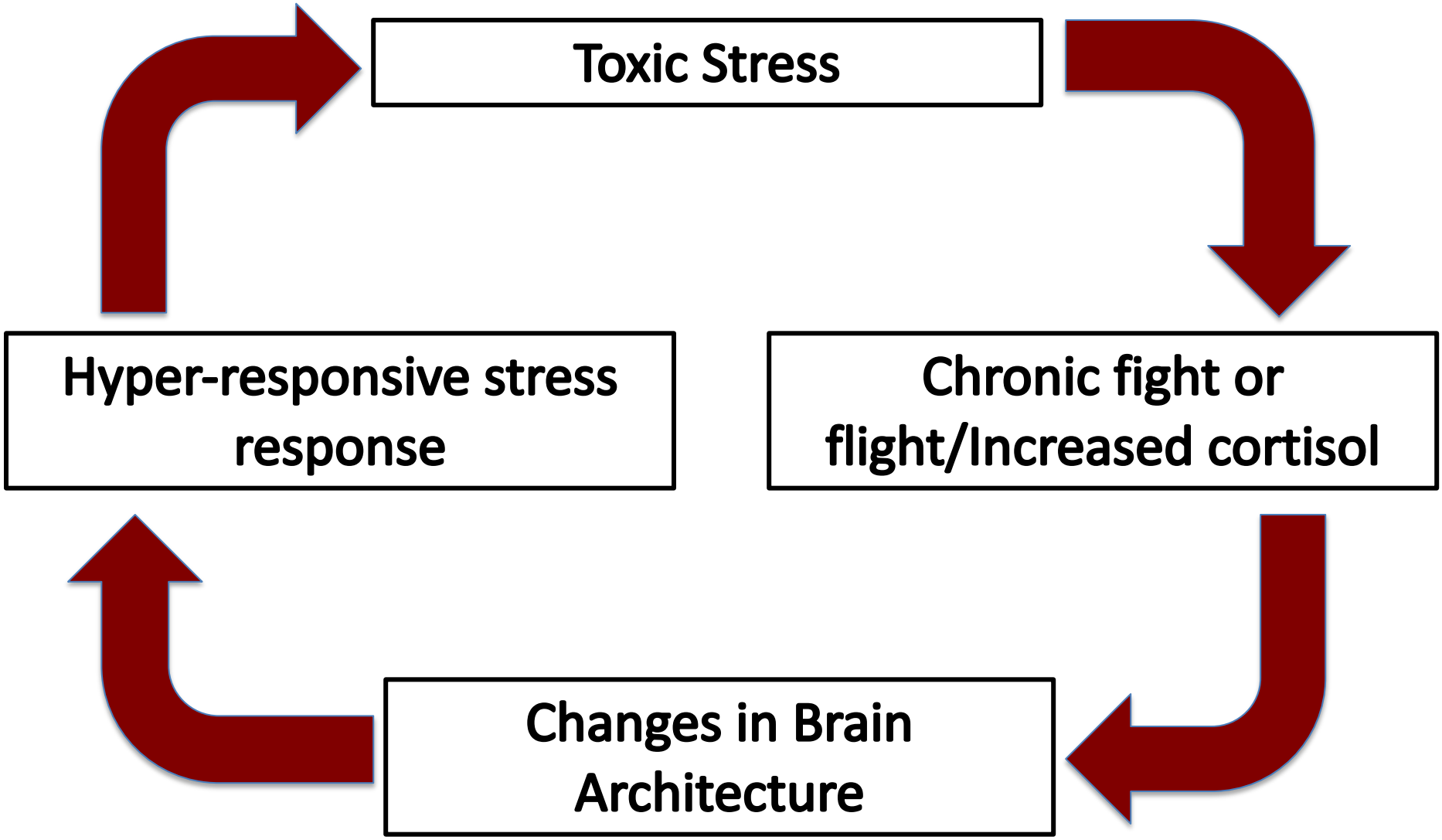
Serious, temporary stress responses buffered by supportive relationships

Toxic Stress:

Prolonged activation of stress response systems in the absence of protective relationships

Adapted from the Center on the Developing Child Working Paper
Excessive Stress Disrupts the Architecture of the Developing Brain

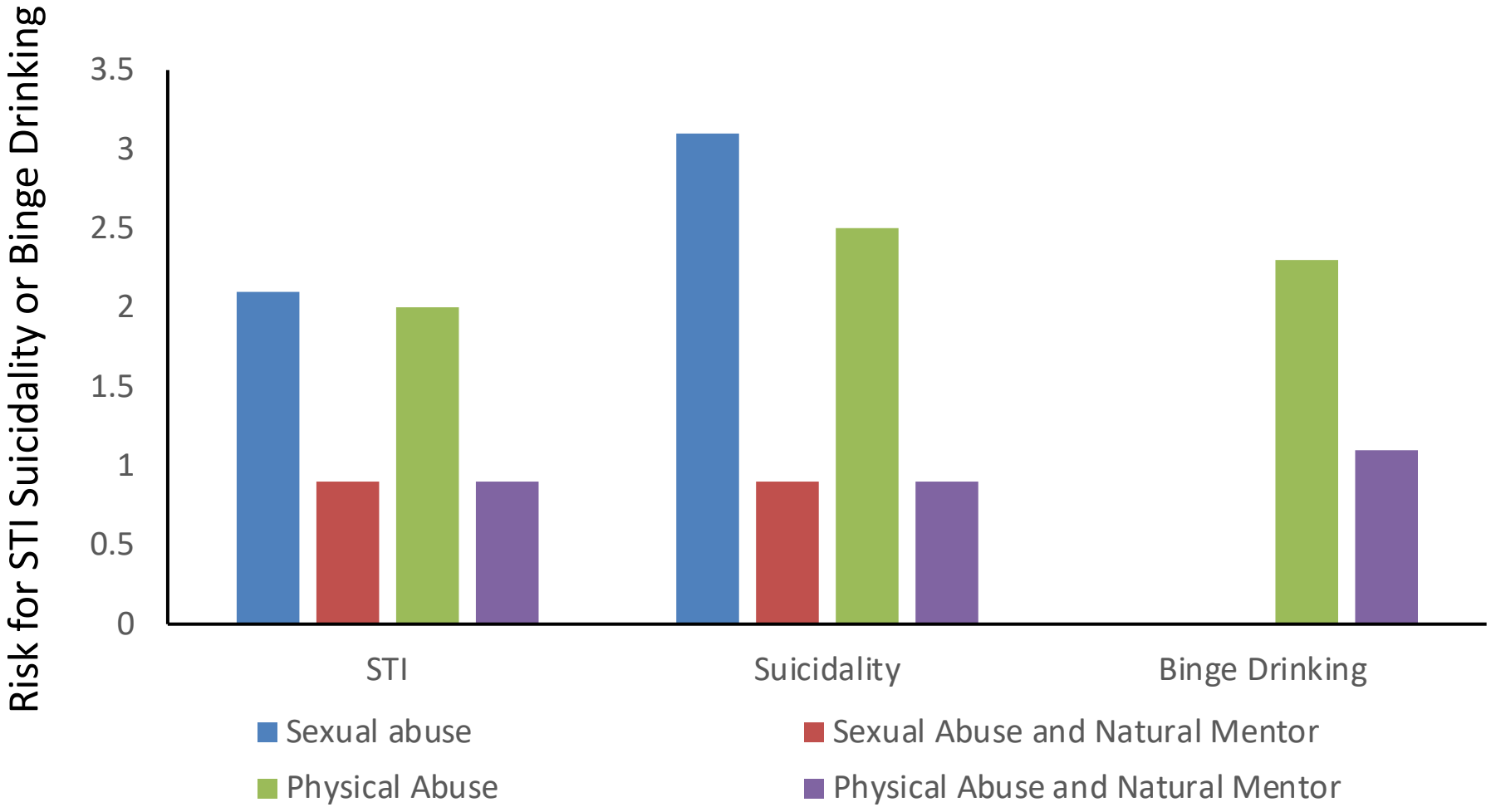
Impact of Toxic Stress



Breaking the Cycle of Trauma

Nurturing Supportive Relationships

Natural Mentors Mitigate the Impact the Abuse on Youth



Resilience Is Built, Not Born

RESILIENCE IS BUILT, NOT BORN.

Everyone has the capacity for resilience. It grows through relationships, support, opportunities, and environments where people feel safe, valued, and empowered.

RESILIENCE IN ACTION

INDIVIDUALS:
Practicing self-care, building coping skills, and reaching out for support.

FAMILIES:
Creating routines, communicating openly, and supporting one another.

COMMUNITIES:
Investing in safe spaces, strong schools, economic opportunities, and culturally responsive support systems.

RESILIENCE IS PREVENTION.

When we build resilience across individuals, families, and communities, we create a future where everyone has the opportunity to thrive.

"Resilience is not about bouncing back to who you were. It's about becoming who you were meant to be."

— Unknown

KEY TAKEAWAY

Resilience empowers people to face life's challenges, strengthens communities, and builds a healthier, more equitable future for all.

COMMUNITY RESILIENCE TO ACEs

Communities can prevent adversity, heal from trauma, and create conditions where *everyone* can thrive.

WHAT IS COMMUNITY RESILIENCE TO ACEs?

It is the ability of a community to prevent and reduce adverse childhood experiences, support those affected by trauma, and promote protective factors and well-being for all—especially children, families, and communities facing the greatest challenges.

WHY IT MATTERS

PREVENTS HARM
Reduces the occurrence and impact of ACEs.

PROMOTES HEALING
Supports recovery and strengthens mental and physical well-being.

BUILDS EQUITY
Addresses root causes of adversity and reduces disparities.

STRENGTHENS FUTURES
Better outcomes in education, health, safety, and economic opportunity.

HOW COMMUNITY RESILIENCE IS BUILT

It takes everyone, working together, in all areas of community life.

SAFE, STABLE & NURTURING ENVIRONMENTS
Safe neighborhoods, stable housing, quality childcare, and supportive home environments.

STRONG SOCIAL CONNECTIONS
Positive relationships and a sense of belonging for children, families, and residents.

STRONG SYSTEMS & POLICIES
Laws, policies, and resources that support families and reduce sources of stress.

THRIVING CHILDREN, STRONG FAMILIES, RESILIENT COMMUNITIES

EQUITY & INCLUSION
Addressing racism, discrimination, poverty, and other injustices that fuel adversity.

COMMUNITY ENGAGEMENT & VOICE
Residents are listened to, involved in decisions, and lead solutions.

PREVENTION & EARLY SUPPORT
Screening, early intervention, and access to trauma-informed and culturally responsive services.

Resilient communities don't just help individuals bounce back— they make it less likely that ACEs happen in the first place.

KEY ENABLERS OF COMMUNITY RESILIENCE

- Cross-sector collaboration
- Community leadership
- Sustainable funding
- Data-informed decisions
- Trauma-informed and culturally responsive approaches

THE OUTCOME

- Fewer ACEs
- Stronger health and well-being
- Better educational outcomes
- Safer, more connected communities
- Stronger economies

TOGETHER, WE CAN BUILD RESILIENT COMMUNITIES.
When we invest in children, support families, and strengthen communities, we create a better future for everyone.

> "Resilience is not a fixed trait or individual burden—it is a shared responsibility and a shared strength."

LEARN MORE
www.cdc.gov/aces
www.samhsa.gov

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Building Trauma-Informed Communities

Creating Systems That Promote Healing Rather Than Harm

Key Aspects of Trauma-Informed Communities

- Not a heathcare intervention – community framework
- Any organization can be trauma-informed (i.e., schools, public health agencies, police, religious organizations)
- Trauma-informed care is not
  - Screening for ACEs
  - Mental health treatment
  - Something only clinicians do

Trauma-informed communities are not defined by how well they treat trauma after it occurs. They are defined by how effectively they create environments where healing, safety, trust, and resilience can flourish.

Cross-Sector Collaboration are Key for Building Trauma-Informed Communities

- Trauma does not occur within a single system
- No single system has the capacity to prevent, identify, or respond to trauma alone
- Framework – How do we collectively support children and families
  - Shared vision
  - Shared language
  - Shared goals
  - Coordinated responses
  - Seamless referral pathways
  - Consistent trauma informed practices

Cross-system collaboration creates the conditions necessary for resilience to flourish at the community level.

Building Social Connections

Social connectedness provides emotional support, practical assistance, a sense of belonging, and opportunities for healing that help buffer the effects of adversity and trauma.

Why Social Connectedness Matters

Research demonstrates that strong social connections are associated with:

Outcome	Impact
Mental Health	Lower rates of depression, anxiety, and suicide
Physical Health	Lower risk of chronic disease and premature mortality
Child Development	Improved emotional regulation and academic success
Community Well-Being	Greater trust, cohesion, and collective efficacy
Resilience	Increased ability to adapt and recover from adversity

When people think about resilience, they often think about individual strength. Resilience is built through relationships. Communities that foster connection, belonging, and mutual support create powerful protective factors that help children, families, and entire populations thrive despite adversity.

Creating Safe & Stable Environments

Children are more likely to thrive when they grow up in environments that are safe, stable, predictable, and supportive.

- Safe and stable environments help
  - Reduce chronic stress
  - Lower exposure to violence and trauma
  - Strengthen family functioning
  - Improve mental and physical health
  - Promote healthy child development
  - Foster community trust and social cohesion
- Three Key Areas
  - Housing stability
  - Violence prevention
  - Neighborhood investment

Strengthening Economic Supports

- Economic policy is trauma prevention policy
- Many ACEs are rooted in financial stress, housing insecurity, food insecurity, etc…
- Financial stability is a powerful protective factor
- Strategies
  - Earned Income Tax Credit
  - Child Tax Credit
  - Workforce Development

Using Culturally Responsive Approaches

- Communities already possess cultural strengths, wisdom, and healing traditions that can promote resilience.
- Communities are not defined by trauma
- Culture provides
  - Identity
  - Belonging
  - Meaning
  - Connection
  - Hope
  - Collective strength

- Communities define
  - Priorities
  - Solutions
  - Success

Power of Advocacy & Policy

- Early childhood policies
- Paid family leave
- Trauma-informed schools
- Justice system

Thank You