

Risk & Resilience



Interrelated

Generational

Place –Based

Complex

Maasai Village, Masa Mara, Kenya





“Resilience is the result not only of biologically given traits, but also of people’s embeddedness in complex and dynamic social contexts, contexts that are themselves more or less vulnerable to harm, more or less amenable to change, and apt focal points for intervention.”

*-Mary Harvey, Towards an
Ecological Understanding of
Resilience in Trauma Survivors*







CULTURE

The abstract, learned, shared rules/standards/patterns for understanding experience and generating behavior.

Frequently acts as a kind of autopilot for everyday life.

Co-created by the individual members of a group as they interact.

Culture change is also co-created by members of a group when they perceive that new ways will be better ways.

We

have the power to
shift the dynamics
that lead to
high ACE scores.



Simple Problems

- Can be diagnosed fairly easily
- There are experts who know solutions
- There is, or could be a routine response system (e.g. 911)

Complex Adaptive Problems

- Time delay, interrelatedness, etc. hinder diagnosis
- No experts – emerging or evolving factors & context
- No routine

A Flourishing Community

is a group of people linked
by geography or interests,

who intentionally use
culture, social structure, &
interactions

to improve
intergenerational well-
being and equity.



Our work...

Shifts the consciousness of a community.
(Consciousness means knowing together.)

How do we notice change in consciousness
when we are in the flow of it?



NOTICE:
to become aware of
(something or someone)
by seeing, hearing, etc.

Merriam-Webster's Learner's Dictionary

Notice Changes in:

1. Opportunity – motivation to act
2. People's attitudes, knowledge, skills, behavior or status (short & long term)
3. What we believe would make life better
4. Emergent new ways of being with one another
5. Culture
6. Social structure
7. Policy



Know Your Why...



When I saw you
I fell in love, and
you smiled
because you knew.
- William Shakespeare

Perspectives

- Personal
- Inside
- Outside
- Meta
- Historical
- ...

No Bystanders





Shift

What is observed
and
Who observes

Each place
has unique
resources &
cultural
patterns.



Successful Journey Child Safety

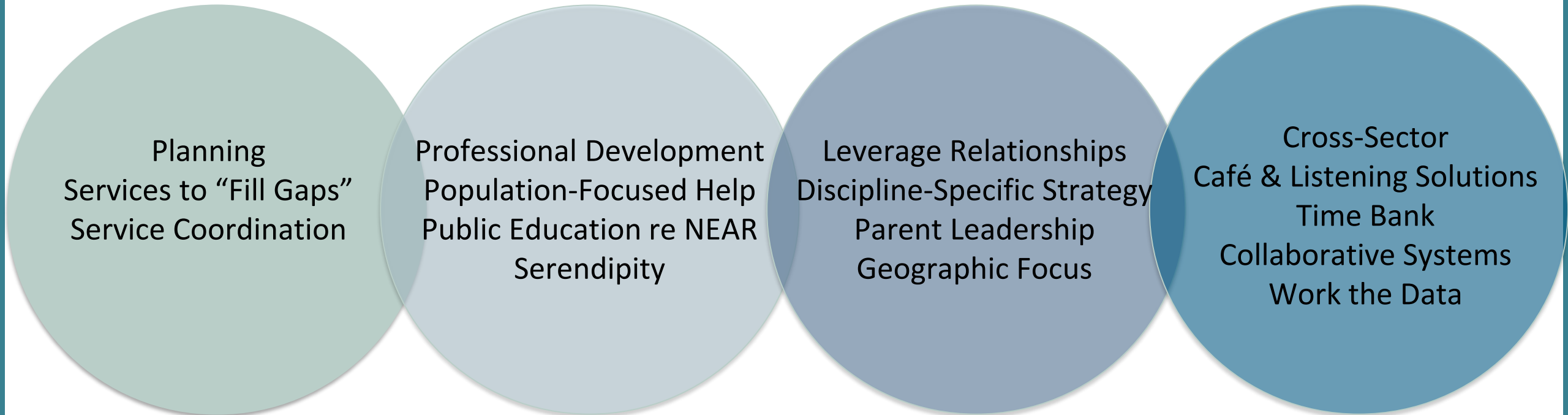


Photo credit: Håkan Axelsson

In this place:

- History of natural disasters
- History of assault on way of life
- Historical trauma affects large portion of population
- High ACE prevalence – bi-modal split in scores
- Stunning success for a small investment

Strategy Layering Over Time



Planning
Services to “Fill Gaps”
Service Coordination

Professional Development
Population-Focused Help
Public Education re NEAR
Serendipity

Leverage Relationships
Discipline-Specific Strategy
Parent Leadership
Geographic Focus

Cross-Sector
Café & Listening Solutions
Time Bank
Collaborative Systems
Work the Data

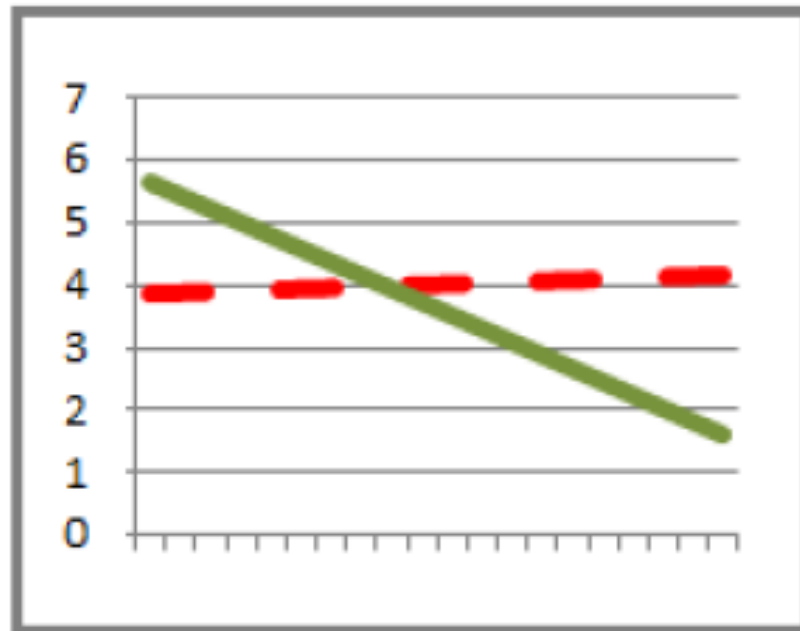
Turning Point

“Improve parent skills so parents can give sound advice and be good mentors to their children, and, in turn will gain skills and relationships to give sound advice to the community – and that advice will make a better system of help for them and for other families.”

———— Cowlitz County

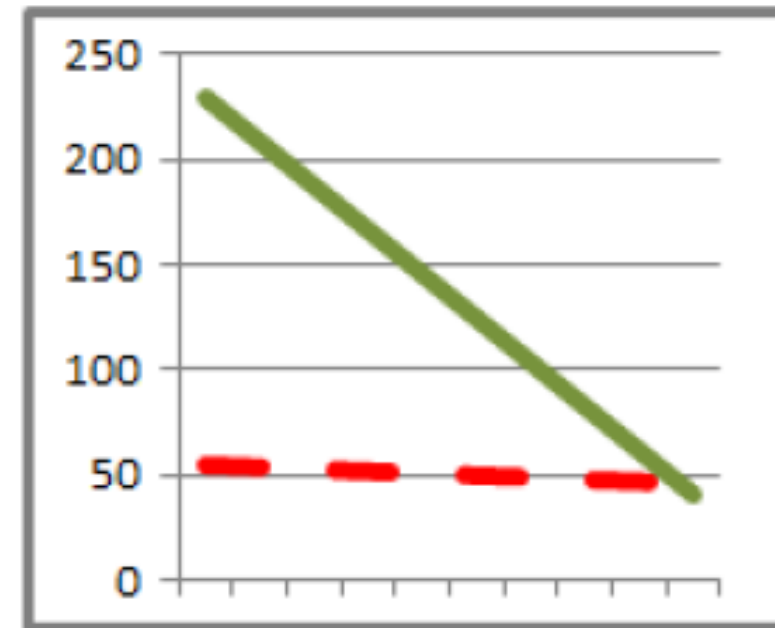
----- Washington State

Child Injury Hospitalizations 1994-2012



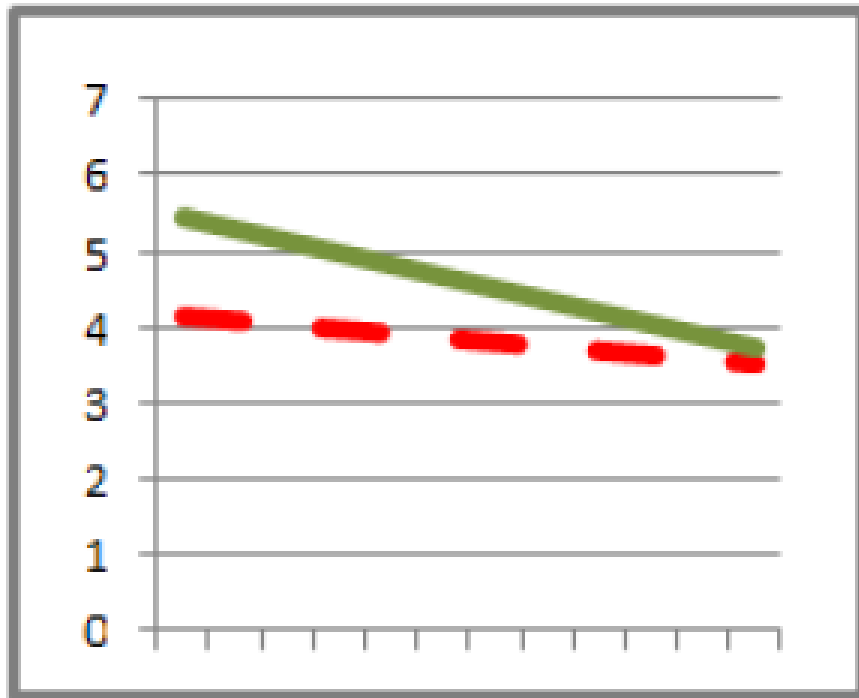
Difference in slopes $p = 0.000$

Suicides & Suicide Attempts 1998-2006



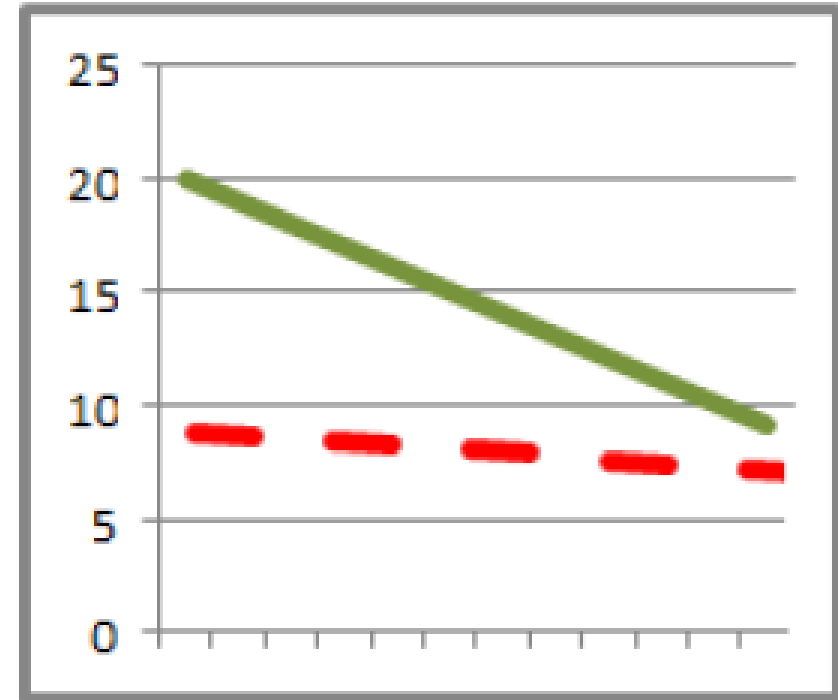
Difference in slopes $p = 0.000$

Hospitalizations
1994-2004



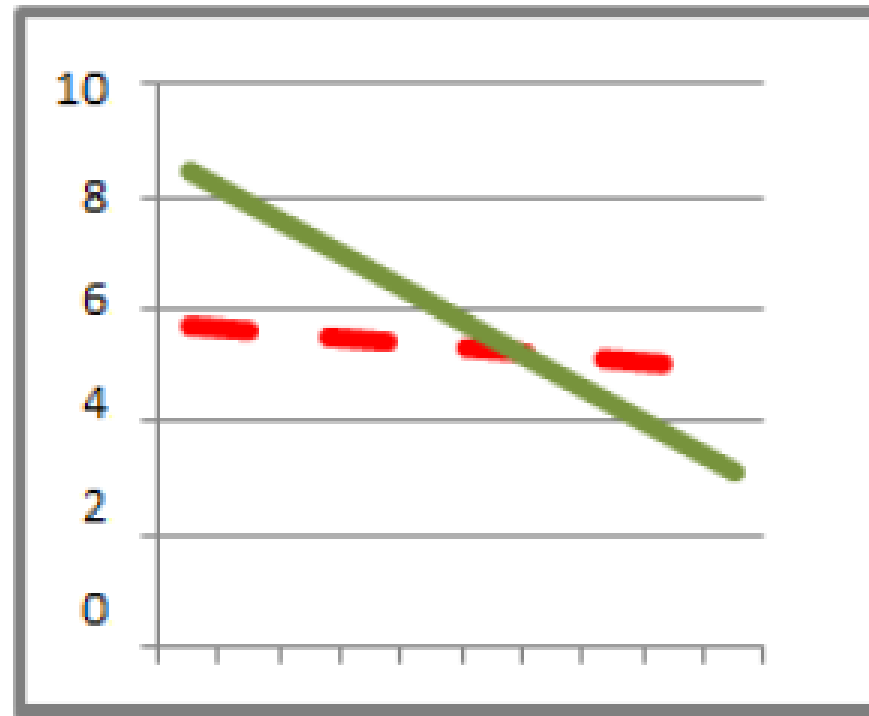
Difference in slopes $p=0.003$

Alcohol Arrests
1994-2004



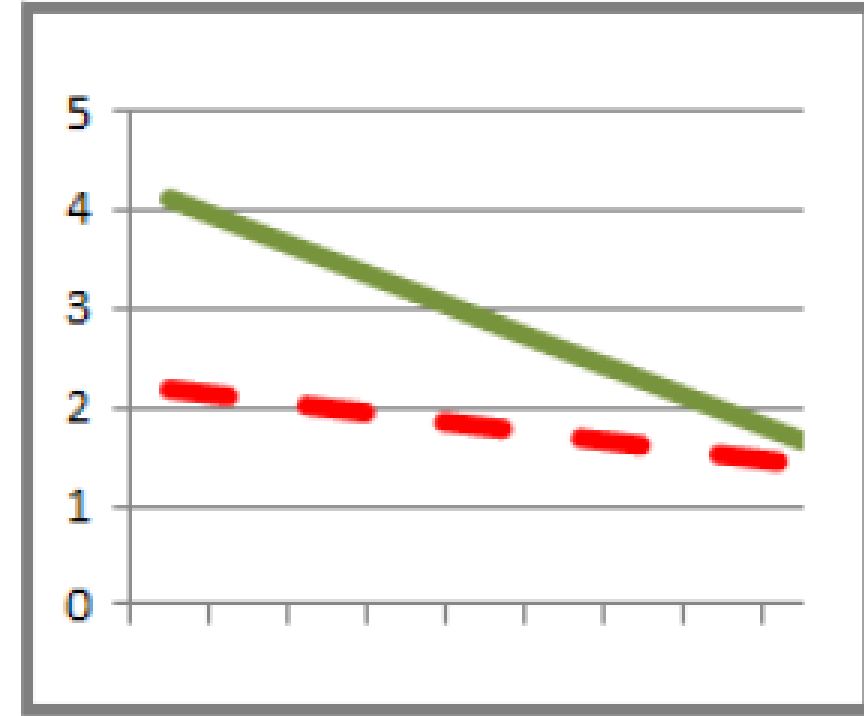
Difference in slopes $p=0.008$

Infant Mortality
1998-2006



Difference in slopes $p=0.043$

Filings for Juvenile Offenses
1998-2006



Difference in slopes $p=0.000$

Lagging vs. Leading Indicators

Rates of accident or disease are lagging indicators.

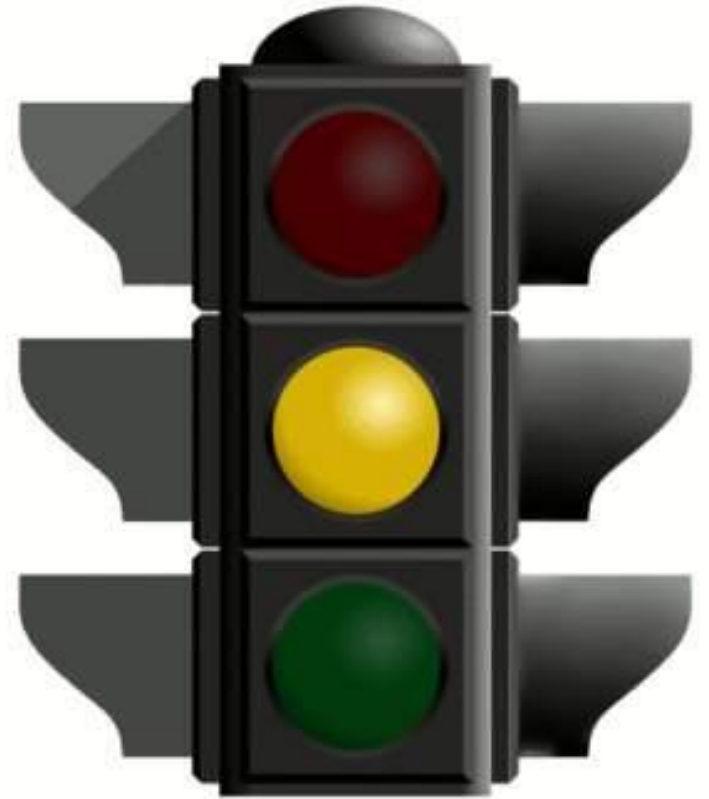
They are easy to measure but hard to change because all the factors that contributed to the accident or disease have already happened.



Leading indicators signal future events. (Think of how the yellow traffic light indicates the coming of the red light.)

They tell us about determinants of health that, when reduced, will prevent disease from occurring.

When we see improvements in leading indicators, we know that our efforts are making a difference now, and that those improvements will move us towards a desired outcome in the future.



COMMUNITY STRATEGIC LEADERSHIP

1. Efforts are clearly linked to Network strategic plan.
2. The work reflects meaningful community collaboration.
3. Network provides leadership in the community as demonstrated by community involvement in strategic planning, implementing the plan or leveraging resources.
4. The Network is able to leverage resources through partnerships, grants and/or selection of pilot programs that are later funded or replicated by others.
5. Efforts show signs of being either replicable or institutionalized within the community OR efforts result in resolution of a defined community issue.
6. The community demonstrates support for Network efforts. (Board membership, event participation, resident engagement, program evaluation, etc.)

Emergent Capabilities: New lines of communication, peer support systems, self-organizing networks, and communities of practice augment the formal service-delivery system and generate an infrastructure for change.

A.

CLARITY of FOCUS

The Network reports a body of work or strategic effort rather than single projects.

1. Measurable results are reported and verifiable.
2. Results are tied to community values/intentions as demonstrated by the link to the Network comprehensive plan and/or collaboration in the work being considered.
3. Network can demonstrate a logical link between current results and long-term reduction of problem behaviors.

LEARNING

1. Network demonstrates and can articulate its own learning. (Analyzing data, making changes based on experience.)
2. Network draws connections between proposed projects and knowledge or research related to problem behaviors and related risk and protective asset or resiliency factors.

Learning Community

“A group of people who are continually enhancing their capacity to create the results they want.”

(Peter Senge, 1990)

This statement has three parts:

1) Shared identity

2) Shared purpose... know what you want to create

3) Share a concern or a passion for something you do to create results, and learn how to do it better as you interact regularly. (Also called a community of practice)

RESULTS

1. Intermediate and long term outcomes are stated clearly in writing, outcome measurement methodology improves over time, and results are useful and credible for helping the community develop strategic system and program improvements.
2. The community tracks indicators of “at risk” behavior rate indicators, and engages in public dialogue about how to reduce the rates of “at risk behaviors”.
3. There is a positive correlation between the degree to which the community network has focused on reduction of a particular “at risk behavior” and indicator(s) of the rate of that behavior.

Do we have access to the data we need?

Trauma Informed Care:
Do People Most Affected by ACEs Have Better Lives?

ACE or NEAR Education:
There is a large public health study about how experience during childhood affects life-long health. It is called The Adverse Childhood Experience Study, or “ACE Study”. How familiar are you with The ACE Study? ...5 answer options

Capability Approach to Wellbeing

Social arrangements should be primarily evaluated according to the extent of freedom people have to promote or achieve freedom and the functioning they value.



Focus: Freedom & Functioning

The focus in the Capability Approach is on the freedom that a person actually has to do this or be that – things that he or she may value doing or being.

Two parts:

- 1) Freedom
- 2) Valuable beings & doings (functioning)

Our actions unite the two concepts.

Resource

Capability

Functioning

Utility

Bike

Able to ride around

Get from place to place



School

Able to learn in a
school environment

Academic success

Economic
opportunity

Neighbors

Self-regulation &
skills to participate
in community life

Belonging

Healthy
shared
identity

Functional Days

POORHLTH	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
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Positive Experiences: Improve Lives, Reduce ACE Transmission

Belonging: feeling connected with friends, family and community.

Safety: experiencing safety with self, at home, to and from the regular places one goes, with authorities, and in the context of the history of one's ancestors.

Well-being: feeling socially and emotionally supported; thinking with flexibility and emotional control; practicing connection with spiritual, cultural, and natural-world resources; experiencing sufficient sleep, number of days when one can do usual activities, effective stress management, and fulfillment.

Basic needs: having food, shelter and people who can be counted on to help.

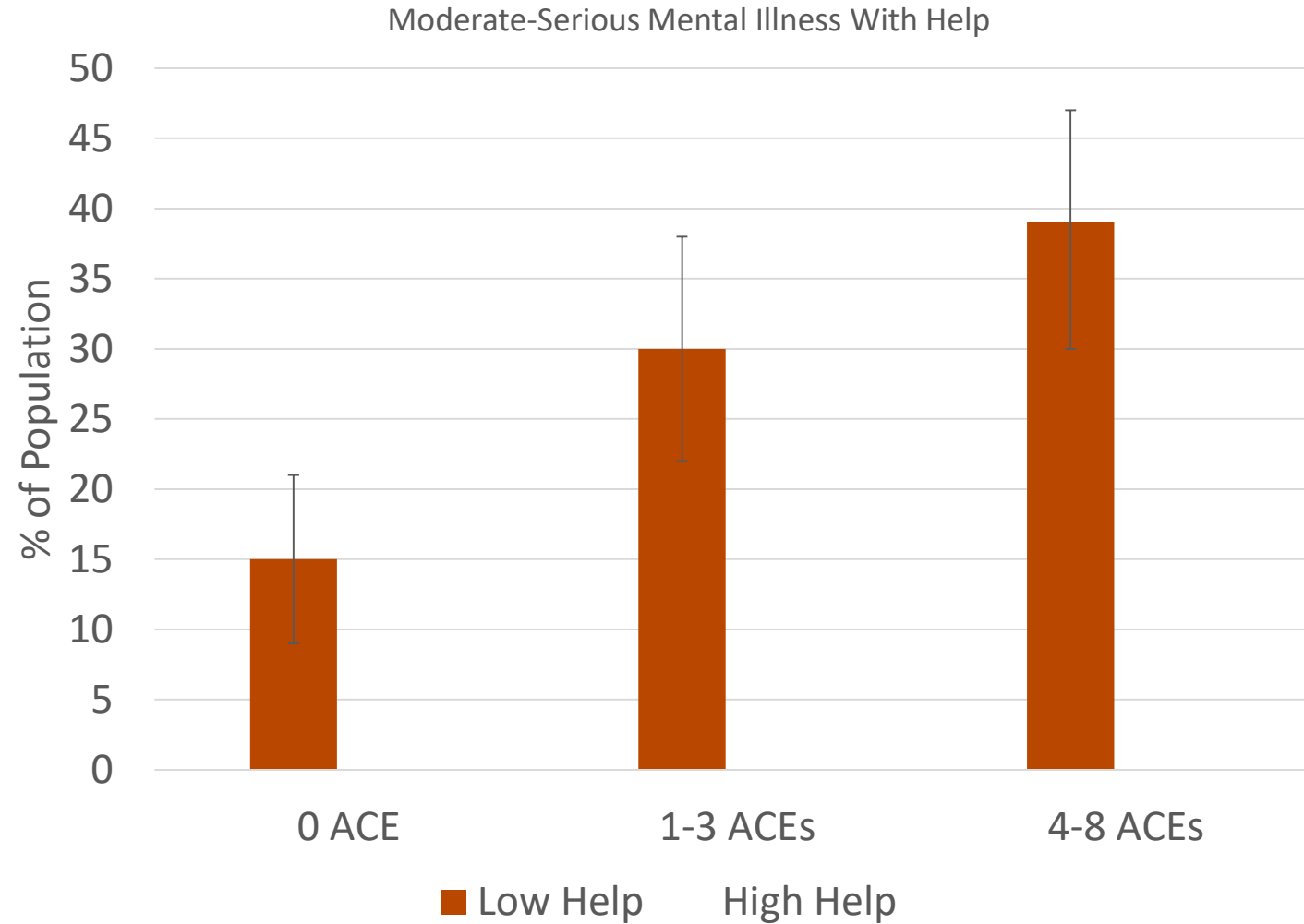
Social capital: experiencing reciprocity, efficacy and social bridging.

Hope: imagining a better future, seeing a pathway to that future, imagining oneself on that pathway.

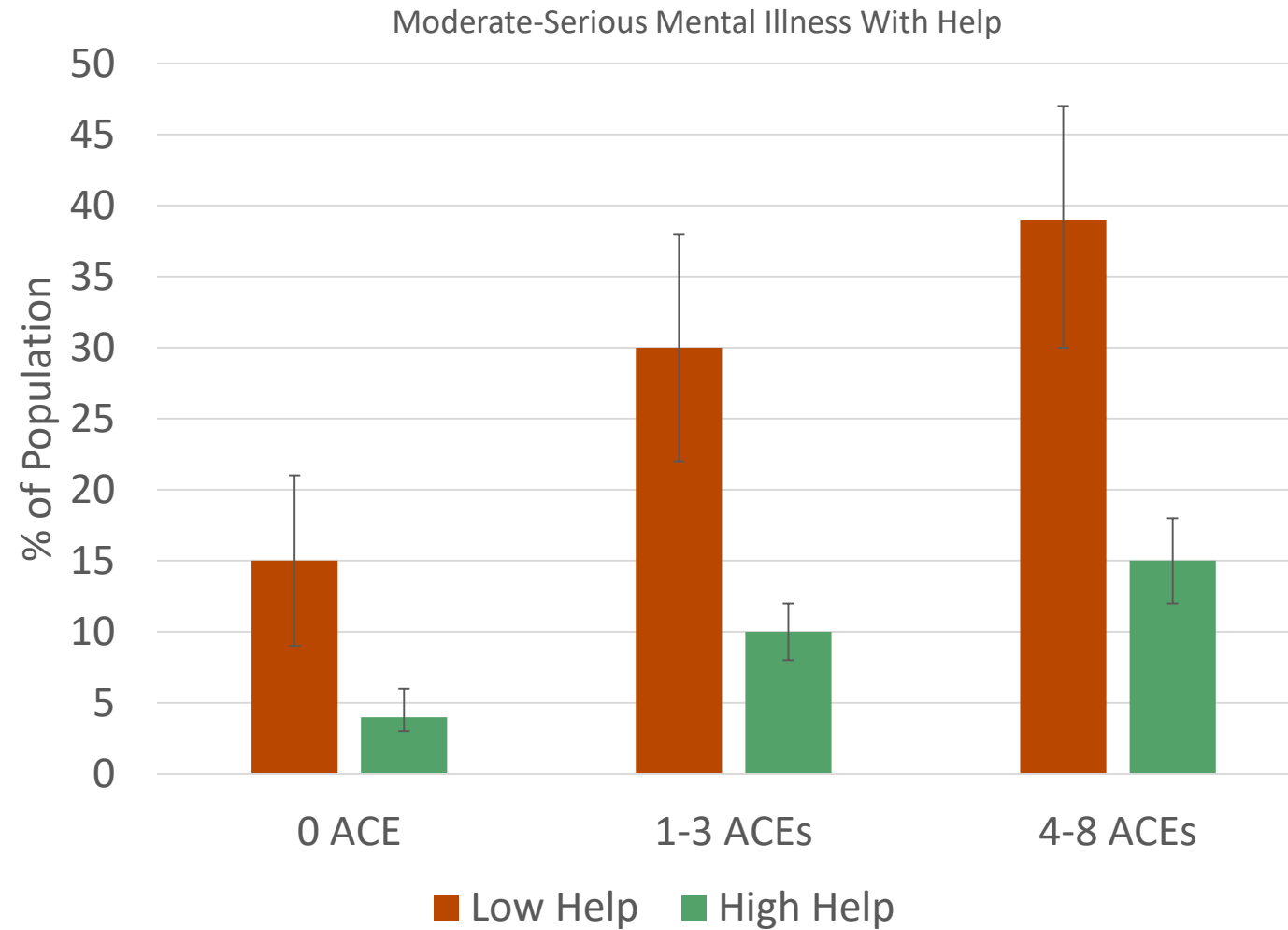
Help

Having two or more people
who give concrete help when
needed

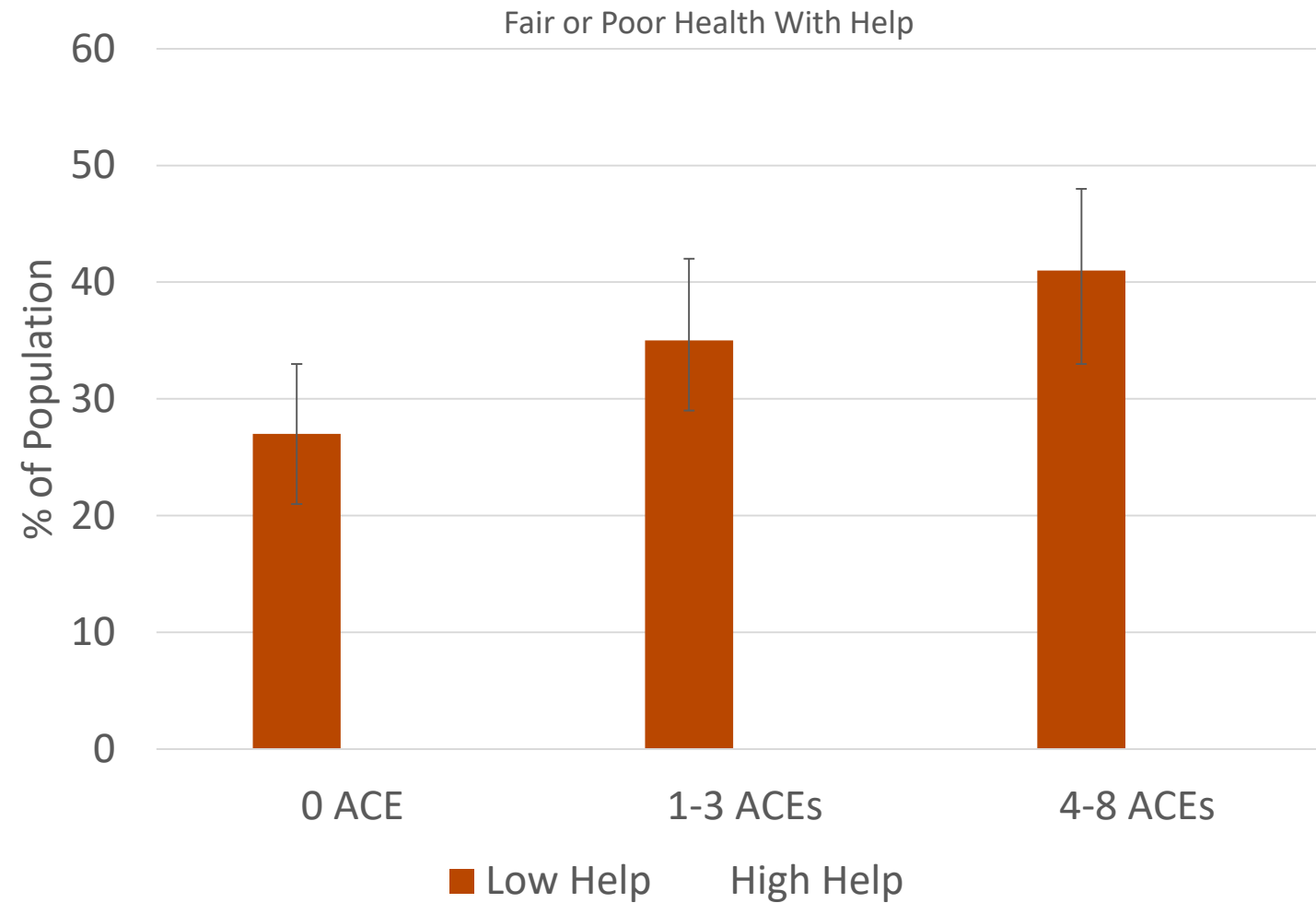
ACEs & Mental Illness Symptoms



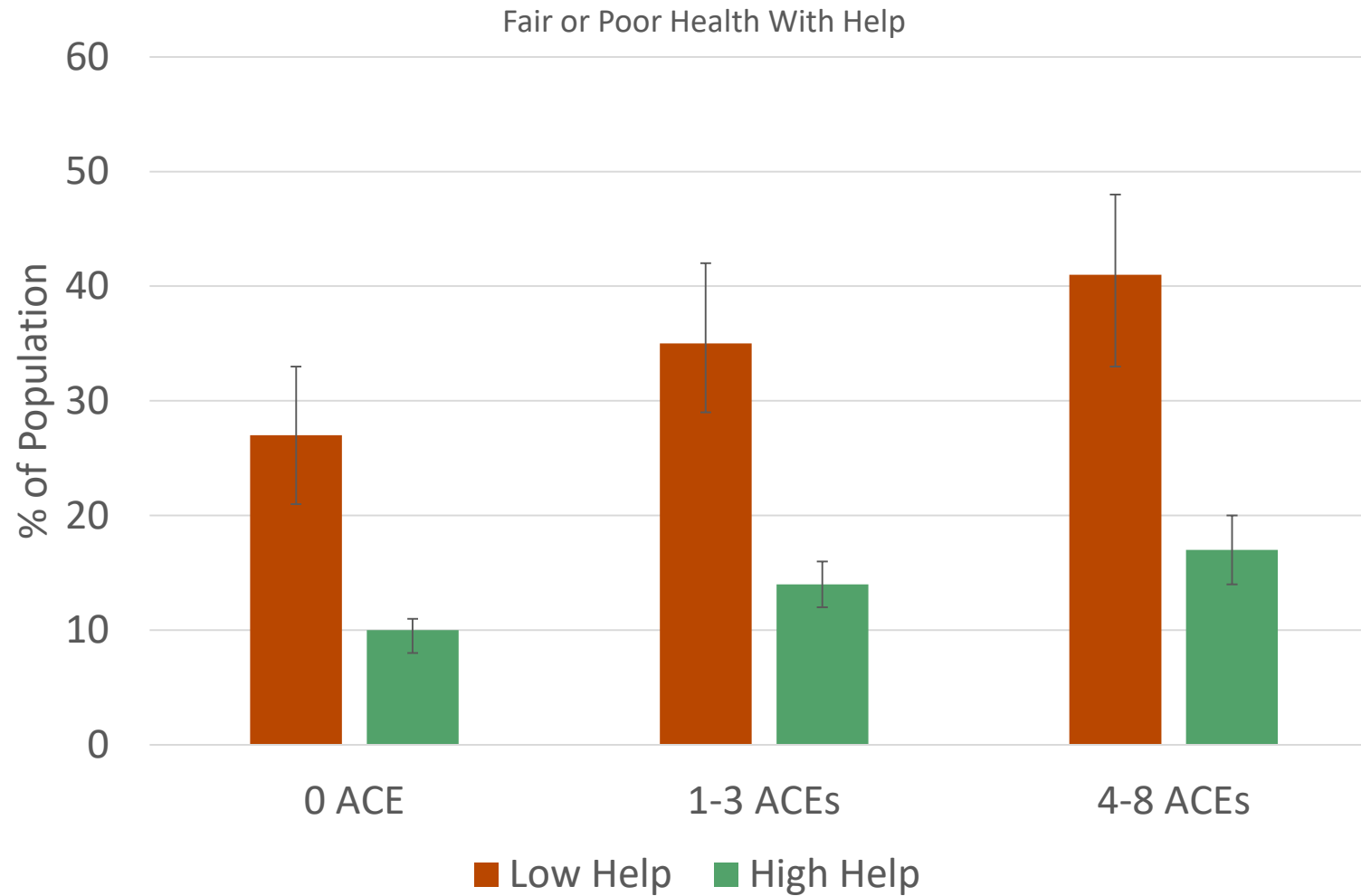
Mental Illness Symptoms & Help



ACEs & Poor Health



Poor Health & Help



“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

“Social support is the most powerful protection against becoming overwhelmed by stress and trauma. The critical issue is reciprocity: being truly heard and seen by the people around us, feeling that we are held in someone else’s mind and heart.”

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: Two Generation Benefits

Better Child Well-Being:

School Performance

Mental Health (depression, suicide)

Physical Health (asthma, diabetes, obesity)

Drug Use

Alcohol Use

Less Physical Fights

Youth wellbeing & contextual resilience (2015)
Preliminary analysis of WA BRFSS & Youth Survey, S.
Reed & D. Longhi

Adults: Better Health & Health Behaviors:

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

Adult wellbeing & contextual resilience (2015) Preliminary analysis of
WA BRFSS, A. Reeves

People need to know that their ideas are worthy of action.

Ask about dreams; Ask for story.... Ask, Listen, Affirm, Remember

... From the Congo

- Open the door and let the children run out and play with other children – safe
- Be real – not just say “fine, fine, fine”
- Brotherhood, community feeling
- Go to the store and be safe from racism

Thank You!
Laura Porter



Building Self Healing Communities

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