Emerging Public Health Models to Build Trauma-Informed Systems and Policies
putting it all together
Participate in real time & see others’ responses by submitting your reflections to:

bit.ly/SummitNC23
reflection point:
what struck you most during the summit?

stories told?
“aha” moments?
data/wisdom shared?
new/nurtured connections?
in a “tweet” (i.e., no more than a couple of sentences) how would you summarize your most significant learnings/takeaways?
The distance between DREAMS and REALITY is called ACTION.
What are your best hopes when it comes to using what you are taking with you from this summit to effect change in your role/setting/field/sector?
What is the next small step you will commit to taking to advance the change you want to see happen?
Some ways to advocate:

- submit an Op-Ed for publication in a local/state/national media outlet
- contact elected officials by email, phone, and/or meeting in person
- prepare and distribute a policy brief to legislators’ staff members
- use social media to inform network and gain support for change
- champion changes in organizational/local/state/federal policies
- attend and make public comment during a town board meeting
- devise talking points for a group’s legislative alert networks
- hold/attend rallies, town halls, & other community events
- media outreach and engagement (digital and traditional)
- give expert testimony before an elected body
- provide expertise and technical assistance
- organize and mobilize in your community
- construct language for model legislation
- write a white paper report on an issue
- educate/inform policymakers
- voter education efforts
- support public dialogues
- circulate a sign-on letter
- build public/political will
- build/support a coalition
- create model programs
- participate in a Hill Day
- convene stakeholders
  - build capacity
  - share stories
“If the time is not ripe, we have to ripen the time.”

— Dr. Dorothy Height
Social Worker, Activist, & Leader in the Civil Rights & Women’s Rights Movements
What factors might **get in the way** of your best hopes being realized...

...and what will it take to **overcome** them?
DEVELOPING AN EFFECTIVE PUBLIC NARRATIVE

story of self
call to leadership

story of now
strategy & action

story of us
shared experiences & shared values

purpose
community
urgency

Ganz, 2009 & 2014
A STORY OF SELF

• What has called you to join in this action? What has driven you to want to create change?
• What called you to motivate others to join you in action?
• How did you get the courage/hope to act?
• What values move you to act? When did these become important to you? How might these values inspire others to act similarly?
• What did the outcome of your own actions teach you?

“ We all have stories of pain, or we wouldn’t think the world needs changing.
We all have stories of hope, or we wouldn’t think we could change it. ”

-Marshall Ganz

Ganz, 2009 & 2014
A STORY OF US

- What values do you share with your target audience? What can you share that captures this?
- What challenges have impacted this audience? How have these been addressed?
- What change does the audience hope for? Why?
- What choice points exist for us to act together to make change in alignment with our shared values in response to collective challenges we face?
- To what values, experiences, and/or aspirations of your audience will you appeal when you call on them to join you in action?

answers the question: "Why is MY cause YOUR cause, too?"

Ganz, 2009 & 2014
A STORY OF NOW

- What urgent challenge do you hope to inspire others to take action on?
- What choice will you call on your audience to make to successfully meet the challenge?
- Why is now the time to organize to make this change?
- What is the risk, or what would the future look like if the change isn’t made?
- What will the future look like when the change is made? What is the “big picture” impact?
- How can they begin now, at this moment?

“Our goal is to meet this challenge, seize this hope, & turn it into concrete action.”

-Marshall Ganz
STORIES MOVE THE NEEDLE OF PUBLIC OPINION AND INSPIRE OTHERS TO ACT.
HOW STORIES SPUR CHANGE

**ACTION MOTIVATORS**
- urgency
- anger
- hope
- solidarity
- Y.C.M.A.D.

**ACTION INHIBITORS**
- inertia
- apathy
- fear
- isolation
- self-doubt

Ganz, 2014
What is your “elevator pitch” to build momentum?
One final reflection inward...
what feeling words describe how you are leaving here tonight?

**Energized**
- creative
- vibrant
- focused
- jazzed
- excited
- inspired
- determined
- motivated

**Strong**
- empowered
- secure
- determined
- tenacious
- resilient
- confident
- committed
- “I can!”
- bold

**Overwhelmed**
- confused
- doubtful
- still processing
- lost
- perplexed
- uncertain

**Disappointed**
- “meh”
- neutral
- critical
- uninspired
- pessimistic
- frustrated
- unimpressed

**Content**
- enthusiastic
- joyful
- glad
- optimistic
- pleased
- happy
- delighted
- grateful
- satisfied

**Connected**
- anchored
- loving
- bonded
- compassionate
- understood
- seen/heard
- related to
- allied
Thank you for your engagement and commitment!
Cost-Benefit of Trauma-Informed Policies

Jane Cooley Fruehwirth
Professor of Economics, UNC-Chapel Hill
Fellow, UNC’s Carolina Population Center

https://unc.zoom.us/rec/share/M5ZybEokBIEBpoABc-pf-2fl9jiQX66QPaNZapATKkAt8oNgw_mmDrBPbu3fjgMS0.ms14gUtPqRyfAT8Y
Passcode: *kJ=a7pK
Cost benefit analysis (according to the National Academies)

• Used to evaluate whether benefits derived from intervention are worth the costs
• Outcomes must be valued in monetary unit to provide a direct comparison to costs
• When benefits exceed costs, it’s a win!
• Challenges:
  • thinking of full range of potential benefits
  • Monetarizing benefits
How can we leverage scarce resources to promote resilience in the next generation?

Some periods of investment have higher returns than others

Where can we multiply effects?

- By supporting those who support others
- Leveraging the power of peers

What kinds of skills matter? Can we target those skills?
The case for investing in schools

• Natural place to intervene in the well-being of young people

• Startlingly persistent achievement gaps:
  • Achievement gaps between black and white students as large as 2 years worth of education (The Educational Opportunity Monitoring Project)
  • Achievement gaps by income (top 90th to bottom 10th percentile) are similar or even slightly larger in magnitude (Hanushek, et al, 2023)

• Education has significant effects on wages and other important life outcomes

• Supporting a highly skilled workforce is best way to break the poverty cycle
  • Redistribution policies tend to be complex and result in significant deadweight loss (shrinking the pie)
The case for investing early

Perry Preschool Research
High-quality investments result in stronger families and multi-generation outcomes, emerging as an effective way to break the cycle of poverty.

13% ROI for Birth-to-Five Programs
Research shows high-quality, birth-to-five early childhood education provides a higher rate of return than preschool alone.

Fadeout is a Myth
Short-term measurements of cognitive skills don’t tell the real story of long-term life and career success. Skills developed through quality early childhood education last for a lifetime.

https://heckmanequation.org
Supporting our leaders

- Teachers and principal attrition continues to rise in NC (EPIC study)
- Principals matter for
  - School climate
  - Supporting teacher to support students
  - Instructional development
  - And, almost as much for students achievement as the direct effect of teachers (Grissom, et al 2021)
- Teachers matter for student success 2 or 3 times more than any other school input (RAND study)
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Figure 1: Teacher Attrition and Hiring in NCPS—September 2016 to September 2022

Note: This figure displays teacher attrition (overall, within-year, and between-year) and hiring rates between September 2016 and September 2022.
Harnessing peer power

- Research shows that social context (e.g., peers, classmates, neighborhoods) all matter for a range of outcomes
- Thinking about how policy impacts may differ depending on social context is important
  - Not necessarily a “one-size-fits-all” solution
- Sometimes effects spill over from the student to classmates or friends as well
  - Getting a student to behave well in the class improves their learning but also the learning environment of their peers
  - Sometimes behavior can be contagious too
- Can we also multiply effects of policies by thinking about the role of peers and influencers?
Considering the breadth of skills

- Cognitive skills often the focus of schools
- Non-cognitive skills (e.g., locus of control, social skills, motivation) also matter for labor market success (Aryan, 2020)
  - Non-cognitive skills may matter MORE than cognitive skills for labor market outcomes
  - Labor market effects of non-cognitive skills has grown over the past few decades
- Can schools help promote non-cognitive skills and how?
  - Emphasis on social and emotional learning that considers that learning is essentially social and emotional
  - How does that change how we teach?
Mental health

- Prior to the pandemic, rates of psychological distress were increasing at higher (and startling) rates among adolescents and young adults than older age groups (Twenge, et al, 2019)
  - The situation has only worsened during the pandemic
- What is the cause? Many potential factors, such as
  - Enormous performance stress
  - Large increase in social media use seem to have played role
  - Environmental stress
  - Discrimination, bullying
- The potential harm from this cannot be overstated:
  - Mental health has been shown to matter for academic success, job success, well-being, family well-being
- How do we care for the whole student? Not just a bundle of skills but their mental health and well-being?
Shortage of counselors

This is also impacting our schools ([2022 report from NC DPI](#))

- 1 counselor for every 335 students ([recommended ratio](#) is 1 to 250)
- 1 social worker to every 1,025 students ([recommended ratio](#) is 1 to 250)
- 1 psychologist for every 1,815 students ([recommended ratio](#) is 1 to 500)
Cost/benefit of prevention
(National Academies, Eisenberg and Neighbors, 2007)

Cost of mental, emotional and behavioral disorders

- Estimated at $247 billion or $2380 per young person (0-24) in 2007 (Eisenberg and Neighbors)
  - About $500 in health services and $1900 in health, productivity and crime-related costs
  - Doesn’t fully capture quality of life or effects of reducing problem behaviors and symptoms in the range that don’t meet full clinical criteria

- What is included in costs?
  - Health of individual (increased morbidity and decreased health-related quality of life)
  - Health of others (family, victims of crime, peers)
  - This in turn leads to decreased productivity in the labor market, education consequences, increased utilization of services
Some well-researched interventions

**Early childhood interventions most researched**

- Perry Preschool per child benefits of $240,000 and costs of $15,000 (Belfield, et al, 2006)

**Youth development interventions**

- Aim to improve parent-child relationship, reduced problem behaviors
- Yield net benefits per child of well over $10,000 in many cases (Aos, et al, 2004)
Conclusion

Discussed the basic principles of cost-benefit analysis

- Challenge: How do we adequately accounting for the full range of benefits

Considered some ways to think about how to get bigger bang for buck

- Critical periods of investment—investing in schools and investing early
- Supporting critical players, e.g., principal and teachers
- Thinking beyond cognitive to other types of “skills” and mental health—socioemotional learning, multitiered systems of support and supplemental support personnel

Considered examples of cost benefit analysis of prevention efforts

- Prevention is costly but the benefits outweigh the costs by far
IMPLEMENTING PREVENTION PROGRAMS FOR ADVERSE CHILDHOOD EXPERIENCES (ACEs)

Stephen Marshall PhD
Director, UNC Injury Prevention Research Center
Professor of Epidemiology, UNC Gillings School of Global Public Health
What are Adverse Childhood Experiences (ACEs)?

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD CHALLENGES**
- Mental Illness
- Divorce
- Parent Treated Violently
- Incarcerated Relative
- Substance Abuse
Accumulation of multiple ACEs in Childhood & Youth leads to many health challenges as an Adult

Cumulative ACEs impact hormonal balance, create toxic stress, overstimulate flight/fight response, and ultimately instills Intergenerational Transmission of Aggression & Violence as normative behavior.
Adverse Childhood Experiences (ACEs)

Limitations of ACE Model

- Does not capture all types of trauma
- Does not capture community adversity
- Does not capture resilience
Adverse Childhood Experiences (ACEs)

Benefits of ACE Model

- Standardized scale
- Annual state-level monitoring
- Validated
- Simple to administer
- Can be used as an outcome measure to identify effective interventions
- Track state-level progress over time

Adverse Childhood Experiences Prevention Strategy. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2021
Adverse Childhood Experiences (ACEs)

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**BRFSS Adverse Childhood Experience (ACE) Module Updated (as of 2021)**

Prologue: I’d like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age:

1. Did you live with anyone who was depressed, mentally ill, or suicidal?
2. Did you live with anyone who was a problem drinker or alcoholic?
3. Did you live with anyone who used illegal street drugs or who abused prescription medications?
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
5. Were your parents separated or divorced?
6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
7. Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
8. How often did a parent or adult in your home ever swear at you, insult you, or put you down?
9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?
10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?
11. How often did anyone at least 5 years older than you or an adult, force you to have sex?
12. For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?
13. For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

**Response Options**

<table>
<thead>
<tr>
<th>Questions 1-4</th>
<th>Question 5</th>
<th>Questions 6-11</th>
<th>Questions 12-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=Yes</td>
<td>1=Yes</td>
<td>1=Never</td>
<td>1=Never</td>
</tr>
<tr>
<td>2=No</td>
<td>2=No</td>
<td>2=Often</td>
<td>2=Often</td>
</tr>
<tr>
<td>7=DK/NS</td>
<td>8=Parents not married</td>
<td>3=More than once</td>
<td>3=Some of the time</td>
</tr>
<tr>
<td>9=Refused</td>
<td>9=Refused</td>
<td>9=Refused</td>
<td>9=Refused</td>
</tr>
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The "vaccine" for Adverse Childhood Experiences (ACEs)

- **ABUSE**
  - Physical
  - Emotional
  - Sexual

- **NEGLECT**
  - Physical
  - Emotional

- **HOUSEHOLD CHALLENGES**
  - Mental Illness
  - Parent Treated Violently
  - Incarcerated Relative
  - Substance Abuse

...is creating Positive Childhood Experiences (PCEs)

- Strengthen economic supports for families
- Promote social norms that protect against violence and adversity
- Ensure a strong start for children
- Enhance skills to help parents and youths handle stress, manage emotions, and tackle everyday challenges
- Connect youths to caring adults and activities
- Intervene to lessen immediate and long-term harms

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*Adverse Childhood Experiences Prevention Strategy. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2021*
Creating POSITIVE Childhood Experiences

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**Strengthen families’ financial stability**
- Paid time off
- Child tax credits
- Flexible and consistent work schedules

**Promote social norms that protect against violence**
- Positive parenting practices
- Prevention efforts involving men and boys

**Help kids have a good start**
- Early learning programs
- Affordable preschool and childcare programs

**Teach healthy relationship skills**
- How to handle conflict
- Negative feeling management
- Pressure from peers
- Healthy non-violent dating relationships

**Connect youth with activities and caring adults**
- School or community mentoring programs
- After school activities

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- ACEs Education
- Therapy
- Family-centered treatment for substance abuse

Creating POSITIVE Childhood Experiences

Strengthen economic supports for families

Strengthen families’ financial stability
- Paid time off
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STATE EXPANSION OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM ELIGIBILITY AND CHILD PROTECTIVE SERVICES-INVESTIGATED REPORTS

Question

Is state adoption of broad-based categorical eligibility (BBCBCE) policies that expand Supplemental Nutrition Assistance Program (SNAP) eligibility associated with changes in rates of child protective services (CPS)-investigated reports for suspected abuse and neglect?

What did we find?

- In states that eliminated the asset test under BBCBCE, there was an average of 8.2 fewer CPS-investigated reports per 1,000 child population per year than if these states had not eliminated the asset test.
- In states that increased the income limit under BBCBCE, there were an average of 5.0 fewer CPS-investigated reports per 1,000 child population per year than if these states had not increased the income limit.
- In states that eliminated the asset test and increased the income limit under BBCBCE, there were an average of 9.3 fewer CPS-investigated reports per 1,000 child population per year than if these states had not adopted these policies.

State elimination of the asset test, increases in the income limit, and adoption of both policies were associated with decreases in CPS-investigated reports and CPS-investigated reports for neglect. State adoption of both policies was also associated with decreases in CPS-investigated reports for physical abuse.

Key takeaway

State adoption of policies that expand SNAP eligibility under BBCBCE contribute to reductions in CPS-investigated reports for suspected child abuse and neglect.

IMPACT:

States in the US have the option to eliminate the asset test and/or increase the income limit for Supplemental Nutrition Assistance Program (SNAP) eligibility under a policy called broad-based categorical eligibility (BBCBCE). Given associations of economic hardships, including food insecurity, with child protective services (CPS) involvement, state adoption of these policies may be associated with changes in rates of CPS-investigated reports.

OBJECTIVE:

To examine the association of state elimination of the asset test and increases in the income limit for SNAP eligibility under BBCBCE with rates of CPS-investigated reports.

DESIGN, SETTING, AND PARTICIPANTS:

This cross-sectional ecologic study used data from 2006 to 2019 obtained from the SNAP Policy Database and the National Child Abuse and Neglect Data System Child Files and CPS Difference-in-Differences Analysis. The data were analyzed from March 2022.

RESULTS:

The study used CPS-investigated reports for suspected child abuse and neglect from 37 US states to examine elimination of the asset test, from 36 states to examine increases in income limit, and from 26 states to examine adoption of both policies.

EXPOSURES:

State elimination of the asset test, increases in the income limit, and adoption of both policies to expand SNAP eligibility.

MAIN OUTCOMES AND MEASURES:

Number of CPS-investigated reports, overall and specifically for neglect and physical abuse, per 1000 child population.

RESULTS:

From 2006 to 2019 for all 50 states and the District of Columbia, there was a total of 39,335 CPS-investigated reports. By race and ethnicity, 98.8% of CPS-investigated reports were among non-Hispanic Black children and 44.7% among non-Hispanic White children (hereafter referred to as Black and white children). On average, there were 8.2 fewer CPS-investigated reports per 1000 child population per year in states that eliminated the asset test, 5.0 fewer CPS-investigated reports per 1000 child population per year in states that increased the income limit, and 9.3 fewer CPS-investigated reports per 1000 child population per year in states that adopted both SNAP policies than there would have been if these states had not adopted these policies. There were decreases in CPS-investigated reports for neglect in states that adopted either or both policies, and small decreases in CPS-investigated reports for physical abuse in states that increased the income limit or adopted both policies. There were decreases in CPS-investigated reports among both Black and White children. For example, there were 6.5 fewer CPS-investigated reports among Black children (95% CI, -14.6 to 1.6) and 8.7 fewer CPS-investigated reports among White children (95% CI, -16.8 to 1.6) in states that adopted both SNAP policies than there would have been if these states had not adopted these policies.

CONCLUSIONS AND RELEVANCE:

Results from this cross-sectional study suggest that state expansion of SNAP eligibility through elimination of the asset test and increases in the income limit may contribute to decreases in rates of CPS-investigated reports. These results may inform ongoing debates regarding SNAP policy options, specifically BBCBCE and prevention efforts for child abuse and neglect.
Creating POSITIVE Childhood Experiences

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eMOMS Project

• Program for adolescents who are starting to date and live in homes with a history of Intimate Partner Violence
• Delivered via internet to Mom and Teenager together
• Proven in randomized controlled trials to improve teen’s efficacy in conflict resolution and resisting violence
• Also improves family cohesion and mother-daughter closeness and communication

Project Leader:
Dr. Luz McNaughton Reyes, PhD MPH
Associate Professor of Health Behavior
Features of Moms & Teens for Safe Dates

- It includes 5 short, fun, self-paced modules for moms and teens to complete together.
- Each module takes about 30 minutes to complete.
- Modules need to be completed in order because each builds on the previous one.
- It can be done anywhere, anytime, and on any device that has Internet access.
- Each time you log in, you will be taken to where you left off.

Module 1: Talking about Dating

Watch the video to learn about the program.

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Creating POSITIVE Childhood Experiences

Intervene to lessen immediate and long-term harms

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Exhibit A Opioid Settlement Strategies

- Collaborative Strategic Planning
- Evidence-Based Addiction Treatment
- Recovery Support Services
- Recovery Housing Support Services
- Employment-Related Services
- Early Intervention Programs
- Naloxone Distribution
- Post-Overdose Response Teams
- Syringe Service Programs
- Criminal Justice Diversion Programs
- Addiction Treatment for Incarcerated Persons
- Reentry Programs
NORTH CAROLINA OPIOID SETTLEMENTS

Overdose Deaths in 2020
Overdose Death (Rate/100k)

NEW RESOURCE!
NC OPIOID SETTLEMENTS DATA DASHBOARD

My county

min: 0.0
max: 78.6
Creating POSITIVE LIFE Experiences for Children & Youth

- Strengthen families' financial stability
  - Paid time off
  - Child tax credits
  - Flexible and consistent work schedules

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Healthy Childhoods Have Benefits Throughout Life

• Prevention of ACEs in childhood would lead to……
• 15% REDUCTION in the number of adults who are UNEMPLOYED
• 25% REDUCTION in the number of adults with ASTHMA AND COPD
• 16% REDUCTION in the number of adults with KIDNEY DISEASE
• 33% REDUCTION in the number of adults who SMOKE
• 44% REDUCTION in the number of adults with DEPRESSION

ACEs related illnesses accounts for an estimated $748 BILLION in financial costs in North America each year.

10% REDUCTION IN ACES could equate to an annual savings of $56 billion
A healthy childhood is priceless
Creating POSITIVE Childhood Experiences

- ACEs is validated tool that each state can monitor over time using federal data survey
- We have an evidence base that establishes the effect of ACEs
- We have proven cost-effective interventions that will reduce ACEs
- These interventions will PAY for themselves over time
- WHAT’S HOLDING US BACK?
Injury, Violence, and Overdose Inflict Enormous Costs on Our Economy and our Communities

- **Leading Cause of Death**
  Injury is the leading cause of death for children and adults between the ages of 1 and 45.

- **$4.2 Trillion**
  The total economic cost of fatal and nonfatal injuries in the United States in 2019.

- **192,000 People**
  Number who die as a result of violence and unintentional injuries each year.
The Cost of Doing Nothing to Address ACEs is ....
Taking Positive Childhood Experiences Programs to Scale

- We have a lot of science on this topic
- We have ability to track progress
- We have evidence-based solutions that would be cost-effective to take to scale
- ACEs prevention is good for the economy (current and future)
• We have a lot of science on this topic
• We have ability to track progress
• We have evidence-based solutions that would be cost-effective to take to scale
• ACEs prevention is good for the economy

**National massive scale-up of evidence-based ACEs prevention programming would generate tangible growth in our economy and improve productivity**

**Should the business community be allowed to take “dividends” from future economic gains in exchange for investments in current ACEs programming?**
Building Trauma-Informed Courts in NC:
The Chief Justice’s Task Force on ACEs-Informed Courts

LaToya B. Powell
Deputy General Counsel, NC Dept. of Public Safety
2023 Statewide Trauma Summit
90% have experienced at least one traumatic event
30% have experienced multiple types of trauma
  • Family violence
  • Parental separation/divorce
  • Household member incarceration
  • Household substance abuse
  • Physical neglect
• Poverty
30% meet criteria for PTSD
ACEs and Justice-Involved Youth

- Juvenile offenders experience **3x more ACEs** than original ACEs study population.
- **On average, justice-involved youth experience 6+ traumatic incidents before age 14.**
- Higher ACE scores are associated with:
  - Substance use
  - Self-harm
  - Poor performance in school
  - Delinquency / Crime / Incarceration
Task Force Mission

The mission of the Task Force is to enable Judicial Branch stakeholders to understand the impact on children of exposure to ACEs (adverse childhood experiences; adverse community environments); and to develop strategies for addressing adverse consequences within our court system.
Task Force Members

- Representatives from stakeholder groups within our court system
  - judges
  - district attorneys
  - public defenders
  - clerks
  - court managers
  - law enforcement
  - GAL
  - academic leaders

- Co-Chairs
  - Ryan Boyce
    Director, North Carolina Administrative Office of the Courts
  - District Attorney Ben David
    representing New Hanover and Pender County
Task Force Advisory Group

- Subject Matter Experts and Philanthropic Groups
  - Innocence Inquiry Commission
  - The UNC School of Government (UNC SOG)
  - NC Department of Health and Human Services (NC DHHS)
  - NC Department of Public Safety, DACJJ (NC DPS)
  - NC Department of Public Instruction (NC DPI)
  - Novant Heath
  - Cape Fear Collective
  - Foundation for the Carolinas
  - Kellin Foundation
  - Winer Family Foundation
Court officials recognize trauma and respond immediately and appropriately.

Judges ask trauma-informed questions to help identify children who need or could benefit from trauma-informed services from a mental health professional.

The question changes from “What’s wrong with you?” to “What happened to you?”
What is the ACEs Task Force Doing to Create Trauma-Informed Courts?

Resources, Education, and Programming
YASI Trauma Index implemented in Jan. 2001 for juvenile court-involved youth.

- Provides a score of 1-10 that equates with the ACEs study.
- YASI bench card and instructional video now available.
ACEs Bench Card for Judges

- Distributed to all court officials in June 2022 for use in daily interactions with court participants and visitors.
- Developed in partnership with the Bolch Judicial Institute at Duke Law.
- Available to the public.

**ACEs-Informed Courts**

**KEYS TO TRAUMA-INFORMED COURTROOM INTERACTIONS**

- **At the bench:**
  - *(Understanding the signs and symptoms of trauma and how it impacts decision-making.)*
  - *(Ask questions to learn more and try to encourage thinking in the way that you think was how it happened to you rather than “what was I doing?”)*
  - *(The better those suffering from trauma understand what is happening to them and why, the more likely they are to comply with and accept intended outcomes. Support court procedures and decisions, where appropriate, by asking questions to involve those appealing before you)*
  - *(What do you think brought you to this point?)*

- Be intentional in how you interact with your courtroom. The environment significantly impacts experiences and participation. There is flexibility to maximize safety and build trust, and you are encouraged to take the initiative to make positive changes (e.g., use systems away from attorneys, increase lead trainer).

- One consistent and positive adult in the lives of children significantly affects the impact of trauma and helps children thrive. Be intentional: build positive relationships and experience.

- **Trama can be viewed as another disorder (conduct disorder, bipolar disorder, ADHD).** Order trauma assessments in conjunction with treatments so that the treatment plan can be tailored to what the assessment indicates. People are resilient and can heal from trauma if given the opportunity.

**COURTROOM COMMUNICATION**

**SHOULD PROMOTE INTERACTIONS THAT EXPRESS RESPECT, KINDNESS, PATIENCE, REASSURANCE, AND ACCEPTANCE**

**ASK**
- *(What do you think led you here?)*
- *(How would you solve this problem?)*
- *(Do you have questions?)*

**ACKNOWLEDGE / ENCOURAGE**
- *(It’s clear you are trying to change. “Your commitment really shows.”)*
- *(Despite what happened in court last time, you have been able to...)*

**PROVIDE PRAISE**
- *(Use words that are concrete, specific, and delivered with a neutral tone.)*
- *(“I heard that you earned a month of time in jail. I know you worked hard for that.”)*

**INSTEAD OF “HE IS MAKING IT UP”**
- *(THINK: “It’s hard to hear and harder to talk about.”)*

**INSTEAD OF “HE IS ACTING OUT / SEEKING ATTENTION”**
- *(THINK: “He is communicating his needs in the way that he has been taught.”)*

**INSTEAD OF “YOUR DRUG SCREEN IS DIRTY”**
- *(THINK: “Your drug screen shows the presence of drugs.”)*

**INSTEAD OF “I’M SENDING YOU FOR AN EVALUATION”**
- *(THINK: “I’d like to refer you to a doctor who can help us better understand how to support you.”)*

**INSTEAD OF “YOU’RE GOING TO A COMMITMENT PROGRAM; WE ARE DONE WITH YOU.”**
- *(THINK: “Maybe what we’ve been doing isn’t the best way to support you. I don’t want you to give up on recovery. We’re not going to give up on you.”)*
New Judicial Education Programs

- **Advanced Juvenile Court Certification for Judges**
  - 4-year program offered in two substantive areas: Child Welfare and Juvenile Justice
  - Developed and delivered by UNC School of Government, beginning Fall 2022

- **New Judges Trauma-Informed Practices Orientation**
  - All-day training session led by Bolch Judicial Institute at the 2023 District Court Judges Summer Conference

- **On-demand training for court officials**
  - Currently in development by UNC Injury Prevention Resource Center (IPRC)
  - Funded by a Governor’s Crime Commission grant
  - 3 online modules will offer role-specific training on ACEs and the courts, and evidence-based strategies for building resilience before, during, and after court
The ACEs Task Force is working to expand and/or create programs that help build resilience for ACEs offenders and victims, such as:

- School Justice Partnerships
- Family Courts
- Recovery Courts
- Safe Baby Courts
- Reentry to Resilience (R2R)
- Success Sequence
- Court Navigator programs (to support self-represented litigants)
  - E.g., Mecklenburg County’s SelfServe Center; Wake County’s Legal Support Center
Screenings of the film “Resilience”

- The film “Resilience: The Biology of Stress and the Science of Hope” explores the science of ACEs and how they impact public health problems and other areas of life.
- The ACEs Task Force has obtained lifetime rights to screen this film.
- Screenings have been hosted for court officials and other partners, including NCCU School of Law.
Learn more about the ACEs Task Force

- For more resources about ACEs or learn about the ACEs Task Force:
  - Visit our website at [www.nccourts.gov/ACEs](http://www.nccourts.gov/ACEs)
  - Send us an email at [ACEsTaskForce@ncourts.org](mailto:ACEsTaskForce@ncourts.org)
BUILDING TRAUMA-INFORMED HEALTH CARE SYSTEMS

Francisco Castelblanco RN, DNP
Mountain Area Health Education Center Director
TRAUMA IN HEALTH CARE:
BLACK INFANT MORTALITY

Source - NC DHHS
TRAUMA-INFORMED CARE

• “Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

Source - SAMHSA
ADVERSE CHILDHOOD EXPERIENCES

Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Source - CDC
Inefficient & complex systems
Technology
Inequities
Access to care
Personnel shortage & burnout
Shift to Value-Based care
Time

Source - NIH
WINDOW OF AFFECTIVE TOLERANCE

Source - Siegel, 1999
HEALTH CARE – AN UPSTREAM APPROACH

Training – staff & community
- Screening & recognizing Trauma
- Creating a “safe” environment
- Pathways to resources

Collaborations
- Engaging patients
- Determinants of Health
- Healthy Opportunities
- Maternal Health

Systems Thinking (Equity Centered)

Source - SAMHSA
RESOURCES

- ACES Pyramid - [https://www.cdc.gov/violenceprevention/aces/about.html](https://www.cdc.gov/violenceprevention/aces/about.html)
- Resources For Resilience - [https://resourcesforresilience.com/](https://resourcesforresilience.com/)
Assistant Superintendent of Teaching and Learning, Systemic Equity, and Engagement
Chapel Hill-Carrboro City Schools
PACEs Connection

Creating a *much* better normal.
**PACEs Science**

**Epidemiology** ACEs study and expanded ACE surveys.

**Impact on the brain** toxic stress caused by ACEs changes structure and function of brain.

**Impact on the body** health consequences of toxic stress (short & long term)

**Epigenetics** how toxic stress from ACEs is passed from generation to generation, aka historical trauma.

**Resilience** brain and body can heal with healthy relationships, healthy organizations, healthy systems, and healthy communities.
Supporting communities to accelerate the use of PACEs science...to solve our most intractable problems.
Connect with support.
We support community ACEs initiatives to create solution-oriented systems.

450+
CITIES, COUNTRIES & STATES

...use free community site, tools, guidelines on PACEs Connection
WHO WE ARE

The social network for the PACEs movement.

58,000+ MEMBERS (AND GROWING)

...who share best practices based on PACEs science.
Priorities

Equity & Healing-Centered PCEs
Collective Healing
Collective Hope

Collective Trauma
COVID-19
Climate Crisis

Historical Trauma
Intergenerational
Systemic Racism
“Atrocious Cultural Experiences”

Image shows additional ACE:

1. Adverse Climate Experiences
2. Adverse Childhood Experiences
3. Adverse Community Experiences
4. Atrocious Cultural Experiences -- Impact macro and socio-historical conditions. Examples include: slavery, genocide, colonization, segregation, forced family separation.

Source: North Carolina Partnership for Children, SmartStart, Building Health & Resilient Communities Across North Carolina
Become a Member:

✔ Connection - Members can CONNECT with like-minded individuals around the world.

✔ Resources - PACEs Connection has one of the most extensive and comprehensive online collections of trauma-informed & healing-centered RESOURCES, tools, etc.

Start a Movement:

✔ Community - Healing happens within COMMUNITY. Connect with an existing PACEs community or start your own.

✔ Consulting - PACEs Connection provides CONSULTING services to help create, grow and sustain PACEs communities. Are you ready to take your PACEs Initiative to the next level?

Questions? communitysupport@pacesconnection.com
Interacting Layers of Trauma and Healing

Dehumanization and Distress

**Nation Building** by Enslavement, Genocide, Colonization, Economic Exploitation, Displacement, Cultural Hegemony, White Supremacy

**Systemic Subjugation of POC** by Interacting Policies & Systems: War on Drugs, Mass Incarceration, Segregation (de jure and de facto), Anti-Immigrant Policies, Climate Violence, Media Assaults, Displacement & Redlining

**Atmospheric Distress** that includes Interpersonal, Family, Community Violence & Exposure; Sexual Exploitation, Lack of Safe Passage & Safe Spaces, Underinvestment, Oversurveillance

**Embodiment and Expression of Distress** through Personal Traumatic Experiences; Bullying, Family Systems Stressors, ACEs, Shame and Blame, Generational Transmission

History, Legacy & Structure

Systems & Institutions

Community & Place

Individual & Interpersonal

Liberation and Healing

**Collective Liberation** by Truth & Reconciliation, Reparations, Redistribution, Open Borders/No Borders, Multi-racial Solidarity, (Re)imagined Social Compact

**Lead with Love and Justice** by Healing-Centered & Restorative Practices, Listening Campaigns, Collective Care, Adaptive, Responsive, and Proximate, Power-sharing (Nothing about us without us)

**Build Beloved Community** by Radical Inquiry, Popular Education and Culture Building, Celebration and Affirmation; Healing Spaces, Arts & Expression, Base & Power-Building

**Honor Resilience and Fortitude** by Listening & Validating, Processing/Integrating Personal Traumatic Experiences, Family Healing, Tailored Supports & Opportunities, Loving Connections & Structure
PACEs science is a social justice issue.
Thank you!

Ingrid L. Cockhren, CEO of PACEs Connection:

icockhren@pacesconnection.com
BODY BREAK
OPIOID USE PREVENTION POLICY
VIDEO WITH ATTORNEY GENERAL
JOSH STEIN
Overview of dogwood

- Created from the sale of the Mission Health system
- Private foundation
  - Resource for the region in perpetuity
  - Completely independent, governed by a volunteer board of directors and regulated by the IRS
  - Make investments in community - $66M+ in 2021
- Serve WNC 18 county region and Qualla Boundary
Complex social structures and economic systems that shape our lives:

**Our social environment**
- Social connectedness
- Education/Lifelong learning
- Fulfilling work – sense of purpose
- Resiliency to combat effects of toxic stress, trauma, discrimination

**Our physical environment**
- Safe place to live
- Healthy food availability
- Transportation
- Accessible and safe spaces to move

**Health services**
- Access to and quality of care, insurance status

https://www.cdc.gov/nchhstp/socialdeterminants/index.html
working to create a Western North Carolina where every generation can
live, learn, earn & thrive, with dignity and opportunity for all
(no exceptions)
We are community-focused in all we do.

We view equity as a means and an end for our work.
We strive to embed equity in the way that we work and hold equity as the standard by which we measure our impact. And for us, equity exists when all people have unconstrained opportunities to live lives of dignity and achieve wellbeing, regardless of place, race, faith, health, wealth, age, ability or identity.
Everyone deserves to be healthy regardless of status, resources or circumstances. Equity within health and wellness occurs when people can attain their full health potential. No one should be disadvantaged in this opportunity.

- Support & build healthy communities
- Increase access to whole-person healthcare
- Address health disparities
- Increase access to behavioral health and substance use prevention and treatment
**thrive**

**substance use disorder**

- $5M annual commitment through 2024, at minimum
- Collaboration with NC DHHS
- The opioid settlement is a unique opportunity
  - 18 years of funding; top health priority
  - Provide support for planning
  - Thoughtful and intentional preparation is more likely to maximize impact of settlement
Opioid planning grants

- RFPs issued in 2021, 2022, and 2023
- $5.2M awarded total 2021-22
- Planning activities can include needs assessment, strategic planning, implementation planning, etc.
why is planning important?

- Compassion with Courage
- Sustainability with Integrity
- Partnering with Purpose
Trauma is a primary risk factor for substance misuse and the opioid settlement brings a unique and historic opportunity to go ‘upstream’

Some examples: trauma-informed trainings, community conversations, education, policy analysis, media

Reach out to start a conversation
additional resources

https://dogwoodhealthtrust.org/substance-use-disorder/

https://ncopioidsettlement.org/
Questions?

April Bragg, Ph.D.
Senior Officer
Dogwood Health Trust
a.bragg@dht.org
Opioid and Other Substance Use Prevention

Leveraging Policy to Promote an Earlier, Broader, Trauma-Informed Approach

Linda Richter, PhD
Traditional Focus of Substance Use Prevention Efforts

The goal of prevention is to mitigate risk factors and strengthen protective factors within the individual, family, and community. Yet, traditional approaches largely:

• Target the child, *not parents, schools, and communities*

• Focus on risk, *not on promoting health and resilience*

• Begin in adolescence, *not early childhood when the roots of risk and resilience are planted*

• Address a small portion of relevant factors, *not the broader social determinants of risk and protection, including childhood trauma*
A Broader Approach to Bolster Traditional Efforts

Building on research on social determinants of health, childhood trauma and adverse childhood experiences (ACEs), a broader approach to substance use prevention enhances traditional interventions by leveraging policy to promote:

- Family stability, security, & healthy functioning
- Parenting skills & support
- Child health, safety, resilience, opportunities, & well-being
What It Will Take

Structural changes that facilitate **healthy and stable families** by:

- Ensuring income, food, housing, healthcare stability and security
- Offering quality childcare and paid family leave to reduce family stress
- Increasing access to affordable and quality treatment so that children grow up in a household unscarred by addiction and mental illness
- Supporting parents to improve parenting skills
- Nurturing childhood health, education, resilience, and hope through community, school, and home safety, connections, and opportunities
<table>
<thead>
<tr>
<th><strong>Family</strong></th>
<th><strong>Parents</strong></th>
<th><strong>Children</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Income, food, housing, healthcare stability &amp; security</td>
<td>Communication and monitoring skills</td>
<td>Mental &amp; behavioral health, resilience</td>
</tr>
<tr>
<td>Improved functioning to reduce domestic violence, divorce</td>
<td>Reduced modeling of substance misuse &amp; child exposure to addictive substances</td>
<td>Physical health, nutrition, exercise</td>
</tr>
<tr>
<td>Accessible &amp; effective treatment for parent mental illness &amp; addiction</td>
<td>Skills and support to prevent child abuse &amp; neglect</td>
<td>Peer &amp; adult relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Connection to school &amp; community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sense of hope &amp; opportunities for the future</td>
</tr>
</tbody>
</table>

**Partnership to End Addiction**
We Need to Start Earlier to Prevent Risk Cascades

- Targeting early development, we can minimize foundational risk factors for future substance use before they are entrenched and compounded.
- Risk factors in infancy can lead to risk factors in toddlerhood, which interact to lead to risk factors in childhood, adolescence, and so on.
- The same cascading effects occur with protective factors introduced early in a child’s life.
- Even in the face of multiple risks and childhood adversities, small meaningful interventions can alter a child’s trajectory (e.g., mentorship).
- Early interventions relieve the burden of prevention in adolescence and allow for more focused, targeted interventions for adolescents in need.
WHAT PEOPLE THINK
SUBSTANCE USE PREVENTION IS:
- Educational materials to teens through assemblies, health classes, and public service announcements
- Naloxone for opioid users who are overdosing
- Locking up prescription medicines

WHAT SUBSTANCE USE PREVENTION ACTUALLY IS:
- Income, food, housing, and healthcare stability and security
- Affordable and accessible quality childcare and paid family leave
- Affordable quality addiction/mental health treatment
- Effective early interventions for mental health problems and trauma
- Effective poverty reducing strategies
- Fostering quality family time
- Safe and engaging extracurricular activities
- Empathic, caring, and well-informed educators
- Neighborhood safety and supportive community networks
- Adult mentorship, modeling and reinforcement of healthy behaviors
- Psychoeducation, routine screening, and referral to services in pediatric practices
- Restricting retail density, marketing and access to tobacco, alcohol, and marijuana outlets
- Environments that nurture childhood health, self-regulation, social competence, and resilience
Apply the “Swiss Cheese” Model

Think of prevention as targeting each level of risk – sociocultural, community, school, family, individual – creating cumulative, comprehensive layers of protection against ACEs, trauma, other risks.
Seems Daunting, but Current Initiatives Can Help

• Recent federal policies – addressing the opioid epidemic, COVID relief, and through the 2023 Consolidated Appropriations Act – present an unprecedented opportunity to boost existing prevention efforts by investing in structural changes to the earlier and broader determinants of risk and protection

• Opioid settlement funds – can and should be allocated to prevention – unfortunately, too many states are wasting this unprecedented opportunity to invest in children by allocating the bulk of their funds to law enforcement and interventions not based in research or science
Invest Settlement Funds in Prevention

• Initially, to address the current acute phase of the opioid and youth mental health crises, states should invest a significant portion of funds in treatment, harm reduction, and recovery support services

• As these investments help to abate these crises, allocate more to prevention - future crises will be averted, and the funds needed for treatment, harm reduction, and recovery support will stabilize or continue to decline over time

• Do not use funds to supplant existing prevention dollars
Allocate Prevention Funds Smartly

Fund allocation decisions should ensure that the selected strategies and initiatives are:

- Delivered across childhood and adolescence in a coordinated fashion
- Aimed at promoting positive youth development and preventing risk factors for both substance use and mental health problems
- Implemented in settings that serve youth, including schools and a range of youth-serving organizations
- Delivered in a tiered fashion whenever possible
- Inclusive of parents and other caregivers
- Implemented in a way that is trauma informed, culturally sensitive, equitable
Take a Systematic Approach to Allocation of Funds

• Require Community Inclusion in programming and funding allocation decisions - a Community Advisory Board with community leaders, families, school personnel, health professionals, and youth to guide the approach

• Conduct a Community Needs Assessment - to determine the strengths and needs of specific communities, utilizing evidence-based models when possible, such as Communities that Care

• Develop Data Infrastructure - to track the adoption and implementation of interventions; maintain an annual monitoring system to track changes in youth substance use, mental health problems, and relevant risk and protective factors

• Ensure Sustainability by Requiring Investment in a Solid Prevention Infrastructure – interventions should meet pre-determined parameters of quality and fidelity with prevention science; sustainability requires investment in a strong infrastructure
By *intervening earlier and more broadly*, we can promote child health, prevent youth substance use and addiction, avoid future drug epidemics, and reduce the intergenerational consequences of trauma on future generations.
Thank you!

www.drugfree.org
lrichter@toendaddiction.org
KEY TAKEAWAYS, NEW THINKING AND NEXT STEPS

Perspectives:
• Dr. Melissa Clepper-Faith, Perspectives of a Pediatrician from a Public Health Standpoint
• Diana Fishbein, Ph.D., Perspectives of a Scientist and Policy Advocate
• Mr. Jesse Kohler, Perspectives of a Community Organizer and Policy Advocate

Advocacy Training:
• Whitney Marris, Learn How to Effectively Engage with Policymakers
putting it all together
Participate in real time & see others’ responses by submitting your reflections to: bit.ly/SummitNC23
reflection point:
what struck you most during the summit?

stories told?
“aha” moments?
data/wisdom shared?
new/nurtured connections?
in a “tweet” (i.e., no more than a couple of sentences) how would you summarize your most significant learnings/takeaways?
The distance between DREAMS and REALITY is called ACTION.
What are your best hopes when it comes to using what you are taking with you from this summit to effect change in your role/setting/field/sector?
What is the next small step you will commit to taking to advance the change you want to see happen?
If the time is not ripe, we have to ripen the time.

— Dr. Dorothy Height
Social Worker, Activist, & Leader in the Civil Rights & Women’s Rights Movements
What factors might get in the way of your best hopes being realized...

...and what will it take to overcome them?
What is your “elevator pitch” to build momentum?
One final reflection inward...
what feeling words describe how you are leaving here tonight?

**Energized**
- creative • vibrant • focused
- jazzed • excited • inspired
- determined • motivated

**Strong**
- empowered • secure • determined
- tenacious • resilient • confident
- committed • “I can!” • bold

**Overwhelmed**
- confused • doubtful
- still processing • lost
- perplexed • uncertain

**Disappointed**
- “meh” • neutral • critical
- uninspired • pessimistic
- frustrated • unimpressed

**Content**
- enthusiastic • joyful • glad
- optimistic • pleased • happy
- delighted • grateful • satisfied

**Connected**
- anchored • loving • bonded
- compassionate • understood
- seen/heard • related to • allied
Thank you for your engagement and commitment!
putting it all together
Participate in real time & see others’ responses by submitting your reflections to:

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• submit an Op-Ed for publication in a local/state/national media outlet
• contact elected officials by email, phone, and/or meeting in person
• prepare and distribute a policy brief to legislators’ staff members
• use social media to inform network and gain support for change
• champion changes in organizational/local/state/federal policies
• attend and make public comment during a town board meeting
• devise talking points for a group’s legislative alert networks
• hold/attend rallies, town halls, & other community events
• media outreach and engagement (digital and traditional)
• give expert testimony before an elected body
• provide expertise and technical assistance
• organize and mobilize in your community
• construct language for model legislation
• write a white paper report on an issue

• educate/inform policymakers
• voter education efforts
• support public dialogues
• circulate a sign-on letter
• build public/political will
• build/support a coalition
• create model programs
• participate in a Hill Day
• convene stakeholders
• build capacity
• share stories
If the time is not ripe, we have to ripen the time.

— Dr. Dorothy Height
Social Worker, Activist, & Leader in the Civil Rights & Women’s Rights Movements
What factors might get in the way of your best hopes being realized...

...and what will it take to overcome them?
DEVELOPING AN EFFECTIVE PUBLIC NARRATIVE

story of self
call to leadership

story of now
strategy & action

story of us
shared experiences & shared values

community

purpose

urgency

Ganz, 2009 & 2014
A STORY OF SELF

• What has called you to join in this action? What has driven you to want to create change?
• What called you to motivate others to join you in action?
• How did you get the courage/hope to act?
• What values move you to act? When did these become important to you? How might these values inspire others to act similarly?
• What did the outcome of your own actions teach you?

“We all have stories of pain, or we wouldn’t think the world needs changing. We all have stories of hope, or we wouldn’t think we could change it.”

-Marshall Ganz

Ganz, 2009 & 2014
A STORY OF US

- What values do you share with your target audience? What can you share that captures this?
- What challenges have impacted this audience? How have these been addressed?
- What change does the audience hope for? Why?
- What choice points exist for us to act together to make change in alignment with our shared values in response to collective challenges we face?
- To what values, experiences, and/or aspirations of your audience will you appeal when you call on them to join you in action?

answers the question: "Why is MY cause YOUR cause, too?"
A STORY OF NOW

- What urgent challenge do you hope to inspire others to take action on?
- What choice will you call on your audience to make to successfully meet the challenge?
- Why is now the time to organize to make this change?
- What is the risk, or what would the future look like if the change isn’t made?
- What will the future look like when the change is made? What is the “big picture” impact?
- How can they begin now, at this moment?

“Our goal is to meet this challenge, seize this hope, & turn it into concrete action.”

-Marshall Ganz
STORIES MOVE THE NEEDLE OF PUBLIC OPINION AND INSPIRE OTHERS TO ACT.
HOW STORIES SPUR CHANGE

ACTION MOTIVATORS
- urgency
- anger
- hope
- solidarity
- Y.C.M.A.D.

ACTION INHIBITORS
- inertia
- apathy
- fear
- isolation
- self-doubt

Ganz, 2014
What is your “elevator pitch” to build momentum?
One final reflection inward...
what feeling words describe how you are leaving here tonight?
Thank you for your engagement and commitment!
Diana “Denni” Fishbein
FPG Child Development Institute, UNC-Chapel Hill
And
National Prevention Science Coalition to Improve Lives