



OVERVIEW

The Mobilizing Action for Resilient Communities (MARC) initiative comprised 14 established ACEs, trauma, and resilience (ATR) networks dedicated to building stronger and more equitable communities. For two years, MARC supported network efforts to effect policy and practice change locally and to catalyze a resilience movement regionally and nationally.

The networks participating in MARC represented communities—from small cities to entire states—around the country. The various settings in which the networks were situated provided both challenges and assets. This brief highlights how the networks incorporated local realities to promote resilience by leveraging their strengths and capacities to navigate three types of contextual factors: natural disasters, geography, and cultural identity. We highlight a few examples based on data collected from respondents who were part of the ATR networks participating in MARC.

Natural Disasters

Three communities in the MARC cohort faced natural disasters that caused widespread destruction in the fall of 2017: wildfires ravaged the Columbia River Gorge region (OR) and Sonoma County (CA), while a hurricane impacted Tarpon Springs (FL).

The networks in these communities paused regular activities in order to prioritize urgent work and pivot to address needs stemming from the natural disaster. Due to previous work by network members around trauma and resiliency, community leaders and residents alike were well-positioned to engage in conversations around the traumatic impacts of the disaster and promote recovery efforts, both immediate and long-term.

Examples of network activities related to natural disasters:

- Following the fire in the Columbia River Gorge, network members held informal debriefing sessions with community members to examine the county's fire response and brainstorm ways to infuse more trauma-informed practices. The members reached out to local authorities to garner resources in an effort to help evacuees relocate.
- In addition to volunteering at emergency operations centers, Columbia River Gorge network members held community meetings to discuss the effects of trauma on health and well-being and fielded phone calls from community members who were experiencing various levels of crisis and anxiety. Such efforts incorporated longer-term thinking and strategy beyond just responding to the crisis at hand.

- In Sonoma County and the Columbia River Gorge, members were able to connect virtually through their network websites to disseminate resources and relevant information during recovery efforts, serving as a valuable tool for the community.
- In Tarpon Springs, network members advocated for the adoption of the red mangrove as the City's official tree, a symbol of the resilience and adaptability of their coastal community and other such communities recovering from natural disasters.

After the disasters, these networks have continued to play a vital role in the recovery of their communities and beyond. Along with two other MARC networks that had previous experience responding to disasters, they co-created a resource guide, "Addressing Trauma and Building Resiliency as Comprehensive Disaster Planning and Response," which was presented at a national social work conference in 2018.¹

Geography

Geographic factors, especially whether an area was urban or rural, had an impact on the networks. For example, urbanicity influenced the nature of the trauma itself and, therefore, the way in which the networks approached their work. In the urban MARC communities (Chicago, Boston, Kansas City, Philadelphia, and San Diego), trauma related to gun violence and gangs was noted more frequently, whereas suicide (including by guns) was mentioned more often in the rural locales of Montana and Alaska. Across the sites with large rural populations, respondents identified the lack of services in many areas and great distances someone might need to travel to receive basic primary health care, as clear contextual factors that shaped the network's activities. This was especially critical in rural districts where counselors, social workers, and psychologists were often shared across schools. Efforts to build capacity in sparsely populated areas were more difficult than in more urban areas. In Montana and Columbia River Gorge, for example, networks reported that there were no available adults to serve as substitute teachers and fewer options for in-service training of teachers in trauma-informed practices during the school year.

Examples of network activities related to geography:

- Acknowledging aspects of trauma in their own setting, the Philadelphia ACE Task Force (PATF) created the Philadelphia Expanded ACE Study, an adaptation of the original ACEs survey, to understand the impact of community-level adversities, including witnessing violence, living in foster care, bullying, experiencing racism or discrimination, and feeling unsafe in your neighborhood.² More generally, the network adapted its presentations and training to include issues that were salient to the Philadelphia community such as community violence and racial disparities, and conducted surveys of trauma prevalence with the results mapped by zip codes to inform the schools and organizations in areas that had the greatest need.

- Montana’s ACE work focused on establishing small networks in several locations as “affiliates” of the central, statewide network to address the geographic challenges associated with the remoteness in rural areas and the distance between towns. Now numbering fifteen across the large and sparsely populated state, the affiliates contribute to and benefit from Elevate Montana’s push for broad ACEs awareness, trauma-informed care and system-wide change. Although Elevate Montana does not fund affiliates, it provides guidance, resources, and training. The value placed on local solutions and a strong sense of community in conjunction with the geography (i.e., many communities with very small populations, geographically isolated from each other) favor a model that focuses on local networks.
- The communities comprising the Columbia River Gorge network were rural but in close proximity, allowing the network to coordinate across members, pool their resources, and hold a large two-day training summit to make it easier for interested professionals to attend. The summit drew professionals, providers, and policy makers from the region.

Cultural Identity

The beliefs and attitudes shared by a community played a role in how its network structured communication around ACEs and attempted to establish a shared understanding of trauma. For example, network leaders in Montana reported challenges in communicating about trauma with a population that generally followed an ethos of “pull yourself up by the bootstraps” and did not readily identify with the language of “trauma.” Network leaders in Buncombe County (NC) had the challenge of articulating and acknowledging the diverse traumatic experiences rooted in systemic racism across various groups within their geographic area, including gentrification and the breaking up of neighborhoods in the Black community and the ongoing raids by the U.S. Immigration and Customs Enforcement (ICE) to identify undocumented individuals in the Latinx community.

Examples of network activities related to cultural identity:

- Work in Buncombe County started out by **listening** to the community – holding small group meetings, arranging for city officials to meet with community residents, re-evaluating their strategies based on their learnings, working to change perceptions and to educate the community, and working towards increased understanding of the issues among policy- and decision-makers.
- Several networks, including Montana, involved other sectors, such as business, to increase awareness about ACEs. Being outside the area of social services and service delivery, business organizations brought a different lens to the discussion of trauma, one that was considered more “mainstream” and did not carry the stigma that is often associated with mental health services. Faith-based communities were also mobilized by several MARC networks, including Montana, to help further spread awareness. Information on ACEs and resilience that came from trusted leaders was viewed as likely to be more readily accepted by those who would otherwise not learn about it through social service or mental health agencies.

SUMMARY & IMPLICATIONS

ATR networks are, by nature, dynamic and responsive to their local realities. The contexts within which they operate can provide both assets and challenges, including those related to unexpected, discrete events, different types of violence, geographic spread and isolation, and communication challenges. Networks with a history of working closely with community members to establish strong collaborative processes were able to leverage existing assets and resources. Combined with a deep understanding of trauma and resilience at the individual-, organizational-, and community-levels, networks were able to coalesce around the challenge and find effective ways to help their communities recover, heal, and, ultimately, bounce forward.

¹<https://marc.healthfederation.org/tools/article/trial-fire-marc-sites-collaborate-trauma-informed-disaster-response>

²Cronholm et al., 2015, Adverse Childhood Experiences: Expanding the Concept of Adversity; Am J Prev Med. 2015 Sep; 49(3):354-61. doi: 10.1016/j.amepre.2015.02.001. <https://pubmed.ncbi.nlm.nih.gov/26296440/>. See survey at <https://www.philadelphiaaces.org/philadelphia-ace-survey>.

For more information about MARC, please visit <https://marc.healthfederation.org>