

ANNUAL REPORT

2022



Center for Community Resilience

Milken Institute School
of Public Health

THE GEORGE WASHINGTON UNIVERSITY

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LETTER FROM THE DIRECTOR

Sustaining a Resilience Movement takes much more than vision. Sustaining a movement requires dedication, constant innovation, collaboration, and cooperation. In 2022, the second year of a worldwide pandemic, our partners were challenged in ways that we never predicted when this work first began in 2015. Responding to basic needs such as shelter, access to food and health care competed for our attention on the distant vision of 'systems change'. Why was there a critical need for our DC partner Martha's Table to provide nearly 1,000 bags of groceries daily to families in need? Why was the Avondale Community Council in Cincinnati grappling with emergency housing needs for residents? Why was access to childcare an urgent public health priority for our partners in Mesa County, Colorado and Watauga County, North Carolina? The answer to all these issues lies in systemic inequity. This bitter truth galvanized our movement despite the challenges brought on by COVID-19.

In Washington, DC our partners are grappling with racial inequities in food security and access to affordable housing—a result of the recent rise in inflation but also the lingering effects of redlining. In Cincinnati, redlining served to depress home values in Avondale resulting in under-investment. Home to 8,000 residents, Avondale is the city's largest Black neighborhood—in fact, the city's largest neighborhood—and yet it does not have a full-service grocery store. In Colorado and North Carolina, our rural partners are grappling with systemic underinvestment that threatens economic mobility for working parents and healthy childhood development. While disparate in geography and population demographics, these CCR communities have one thing in common: **disparity can be traced to policies rooted in structural racism.**

It is said that necessity is the mother of invention. **In 2022, it was necessary to get creative to meet the challenge of our times.** CCR worked with partners across the country to develop new approaches in narrative change aimed at lifting up the truth of structural racism and used science to measure progress toward equity. We deepened our commitment to training the next generation of public health leaders in methods that will foster systems change by expanding curriculum at George Washington University's Milken Institute School of Public Health to include coursework on structural racism as well as incorporate systems thinking across several graduate level courses. We continued to collaborate with local health departments to build greater cooperation with community partners as well as strengthen the capacity of public health leaders to address structural racism as a threat to community wellbeing. **Our partners not only fed, sheltered, and comforted their community, they also innovated and galvanized residents for action.**

This annual report showcases our collective commitment to speak truth, leverage science and, most importantly, provide a platform for communities to advocate for long-term systems change. We are applying our methods in new areas of research including closing the racial wealth gap and using systems dynamic modeling as a potent agent of community engagement and power-building. **Our teams across the country are changing the narrative and paving the way for a Resilience Movement.**

I am pleased to share with you the work of the Center for Community Resilience that represents the efforts of a national movement building more equitable and just communities for children and families.



Dr. Wendy Ellis, Director
Center for Community Resilience (CCR)

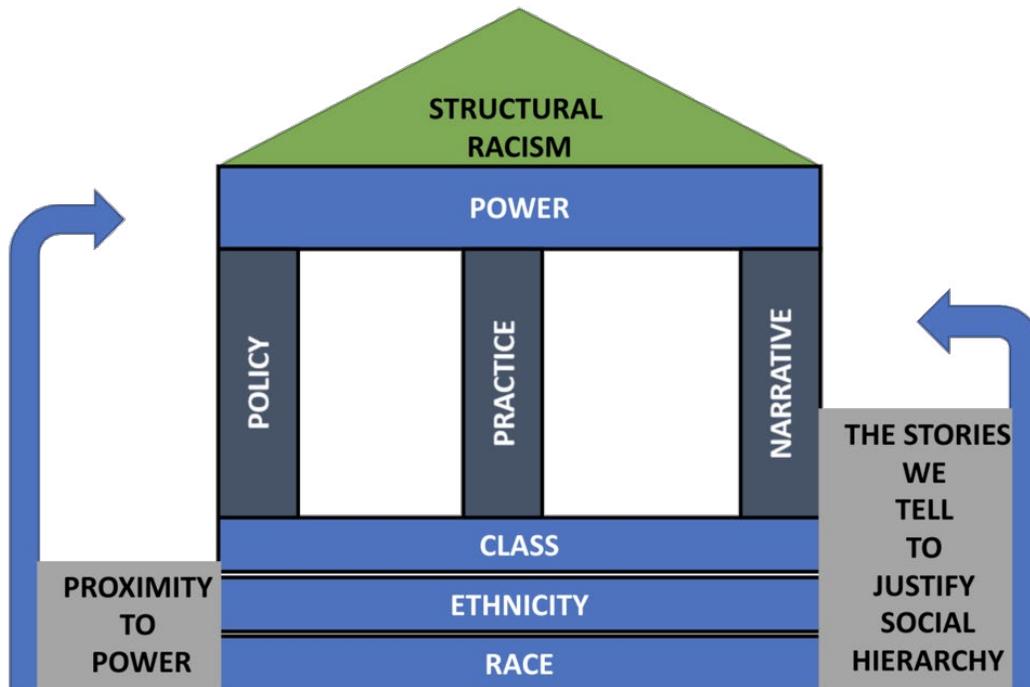
NARRATIVE CHANGE: THE POWER OF TRUTH

In 2022, CCR harnessed narrative change as a critical component of building community resilience and fostering equity. Described by [The Narrative Initiative](#) as a “collection or system of related stories that...represent a central idea or belief,” a narrative can shape how people create meaning about the world and their place in it.

Why Narrative Matters

[Public narratives](#) are interwoven in policy, mass media, and corporate discourse. These narratives become the stories we tell ourselves and over time become widely accepted as fact, oftentimes with little evidence to support their veracity. Since the founding of the United States, public policymakers and private interests of power have used narrative to justify implementation of policies and practices that establish, reinforce, and perpetuate a racial and social hierarchy in the U.S. Narrative is an essential component of structural racism that is used to justify or explain racialized outcomes as well as disparities by class, ethnicity, and other social categories. There is a growing movement of activists, coalitions, and organizations – including CCR – working to change harmful narratives by putting communities in control of telling the story of inequity and vocalizing their vision for a more just future. CCR’s approach to narrative change begins with the historical record and leverages personal experience to bring life to the experience of structural racism over time. The process creates narratives that challenge assumptions based on stereotypes and falsehoods designed to obscure and even erase some of the darkest chapters of American history.

The Infrastructure of Structural Racism



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Structural racism normalizes and legitimizes an array of dynamics – historical, cultural, institutional and interpersonal – that routinely advantage White people, producing cumulative and chronic disparity for people of color and lower-income communities. Narratives are frequently used to either explain, justify, or obscure the harmful consequences and systemic roots of the inequity produced by structural racism. CCR challenges such narratives by centering truth and community voices.

With funding from the Ascend at the Aspen Institute and support from Dr. Tia Sheree Gaynor, former director of the University of Cincinnati Center for Truth, Racial Healing and Transformation, our team worked with community members in Lincoln Heights, Ohio to tell the truth about policies and practices that were intended to drive poverty and underinvestment in the first all-Black, self-governing city north of the Mason-Dixon line. The common narrative about Lincoln Heights is that it is a disconnected, impoverished community of residents with no pride in their property or hope for a future. However, interviews and historical records highlighted in our documentary, [America's Truth: Cincinnati](#), shed light on the perseverance of residents in the face of decades of structural violence that included systemic exclusion from economic development and brutal public policy. The film helped to spread the community's narrative—especially the work of the [Heights Movement](#), a grassroots effort to improve community conditions and take control of the messages that shape how Lincoln Heights is viewed in the region. A year after the release of the documentary, the community triumphed in its long-standing battle to relocate a police firing range that had operated for more than 70 years next to public housing and a playground. The Lincoln Heights victory is evidence of the power of narrative change in facing the truth of structural racism and strengthening the will for systems change.



Carlton Collins (L) and Daronce Daniels (R), founders of The Heights Movement. [View this clip from the documentary](#) to learn more about their narrative of the Lincoln Heights community.



Hamilton County to announce plans, funding for safety complex to rehome CPD gun range

New facility is alternative to current gun range located near residential areas

Following years of local advocacy, the Lincoln Heights community triumphed in relocating a police gun range. (Image Credit: The Heights Movement)

At CCR we engage with grassroots members to harness stories that emphasize the power of community, highlight solutions, and create opportunities for advancing equity. Lincoln Heights is an example of how we use this approach across our portfolio to create shared understanding that:

- frames inequity as a shared community experience driven by systemic and reinforcing drivers,
- highlights specific policy and investment opportunities to advance equity,
- builds collective power by increasing trust and social capital, and
- catalyzes the development of co-created solutions for building community resilience.

By framing the lived experience of trauma and community adversity within the context of policy and practice decisions, we use narrative change to help our partners and the public understand inequity as a structural issue. Our Policy Lab then works with partners across the country to develop and propose solutions that focus on transforming systems.

Truth & Equity in Washington, DC: Creating a Collective Vision for Equity

In 2022, CCR expanded its Truth & Equity Initiative to Washington, DC. Like much of the country, the nation's capital is grappling with housing affordability, food deserts, education inequality, unfair policing practice, maternal mortality, and community violence—issues that disproportionately affect Black and Brown communities. In the wake of the COVID-19 pandemic these social and economic issues worsened, stemming from a long history of policy and practice decisions intended to limit economic and social prosperity in communities of color. With funding from GW's Institute for Racial, Ethnic and Socioeconomic Equity (Equity Institute), CCR is leveraging its long-standing partnerships to craft narratives that highlight the District's unique history as a territory and how that infringes upon rights and produces inequity for the city's residents. The new narratives help us understand this often-misunderstood aspect of what it means to live in Washington, DC as a U.S. citizen with limited representation in a Congress that also oversees the city's budget and most recently has taken steps to limit the autonomy of our elected City Council. Congressional oversight of local affairs is just one aspect of how structural racism has operated in Washington, DC to produce racial disparity. By working with long-time residents and community leaders, our narrative change work in D.C. aims to lay the foundation for a community-driven agenda that fosters racial healing and equity.

As we learned from our [Cincinnati Truth & Equity Initiative](#), storytelling is a powerful tool for challenging and changing narratives. However, the stories we tell and how we tell them depends on the local context. Through a series of community conversations, CCR is working with local partners in DC to uncover the language the community uses to describe their resilience, adversity, and the potential solutions and opportunities for change. With this information, we are translating their insight into narratives of power and opportunity that will be used to advocate for the investments, supports, resources, and programs needed to foster equity. To support that advocacy, CCR is piloting a Youth Advocacy Network and providing young people ages 16-25 with the knowledge and skills to navigate the local political landscape. The curriculum reframes inequity as a function of systemic and structural factors, introduces local examples of successful advocacy efforts, and prepares participants to engage policymakers and call for action on the issues that matter to them most.



Selina Mathis (L) and Jermekkio Holloway (R), members of the Youth Advocacy Network, created collages to envision what a racially equitable future looks like in DC.

By honoring the people, stories, and context of Washington, DC, we are working to deconstruct harmful narratives and inspire new narratives and civic action that build social cohesion, strengthen social capital, and inspire a collective will to collaborate for change.

Communications Guide Refresh: Moving from Adversity to Resilience

The Resilience Movement has grown significantly since we first published our Communications and Coalition Building Guide in 2017. We went from a coalition grappling with whether we should tackle structural racism explicitly to one that is now noted for *how* we center race and equity in all our work. Since 2017, we nearly tripled the number of resources we provide to support our partners in community resilience efforts—many of which focus on communicating the impact of structural racism. During that time, our work was increasingly cited in textbooks and curriculum while also being integrated into resilience-building efforts across the globe including in Scotland, The Netherlands, Finland, Kenya, Ethiopia, and Somalia. Clearly it was time to update our Communications Guide to provide a comprehensive tool that reflects the evolution of the Resilience Movement.

The [2022 Communications and Coalition Building Guide](#) reflects lessons learned from our national network of partners working to foster healing and equity. Inside you'll find our newest resource, the [Resilience Tree](#) (pictured below), a tool designed to illustrate measurable outcomes associated with efforts to create equitable systems change. The updated guide is designed to help build coalitions around three critical messages:

The Challenge: Building Resilient, Equitable Communities

- A resilient community is one that prevents trauma, promotes healing, and provides access to supports and resources that families and communities need to thrive.

The Strategy: Centering Community, Truth, and Equity

- Centering community and fostering equity through truth-telling aimed at identifying root causes of adversity and trauma.

The Goal: Driving Systems Change

- The CCR customized approach helps communities integrate equity and resilience into policy and practice to drive systems change.



Download our [free resources](#) to learn how to use the Resilience Tree in your community!



POWER BUILDING: MOBILIZING COALITIONS & COMMUNITIES FOR SYSTEMS CHANGE

Dismantling the levers of structural inequity requires the participation of individuals, organizations, and communities. To address the complex and compounding issues that produce and perpetuate inequity, CCR is working to build and strengthen the power that exists within communities and in the organizations and coalitions that serve their needs and interests.

Finding Common Ground Across Racial Lines in Cincinnati

Following the release of [America's Truth: Cincinnati](#), CCR's Policy Lab worked with coalition partners to develop a community-driven policy agenda aimed at closing the racial wealth gap. The city's history and geography provided the coalition with a unique opportunity to build power in two historically under-resourced and politically disadvantaged communities: one predominantly Black (Avondale) and the other predominantly Appalachian White (Riverside). Cincinnati is considered "urban Appalachia" due to the large numbers of Appalachian residents who migrated to the city from the coal mining regions of Kentucky and West Virginia. Many of the city's poorest neighborhoods have historically represented residents of Appalachian origin and Black families. As with most American cities, the neighborhoods are highly segregated by race and income. This presented an opportunity to explore strategies to close the city's racial wealth gap by examining policy and practices that contribute to the city's historically high poverty rates in Black and Appalachian neighborhoods.

To identify specific drivers of inequity in both communities, CCR used Group Model Building (GMB)—a place-based participatory method for engaging stakeholders to share views about a problem and create a collective understanding of a complex issue. Initially, CCR faced skepticism from Avondale residents due to past engagement with researchers who failed to address the needs of the Black community. In Riverside, the multi-racial CCR team faced opposition from residents who expressed distrust of 'outsiders' who might hold differing political views. Using our approach to equitable community engagement, the CCR team led with humility, patience, and grace to overcome mistrust founded on racialized narratives. As a result, we built trust and fostered collaboration with community members to achieve productive, ongoing, and substantive conversations that fostered social cohesion.



Avondale GMB Session



Riverside GMB Session

| AVONDALE | RIVERSIDE |
|--|--|
| Race: 84% Black; 10.6% White; 1.1% Hispanic | Race: 81% White; 16.29% Black; 0.13% Asian |
| Median Income: \$21,000 | Median Income: \$28,600 |
| Educational Attainment: <ul style="list-style-type: none"> • Higher Degree: 22.3% • High School Diploma: 55.0% • No High School Diploma: 22.7% | Educational Attainment: <ul style="list-style-type: none"> • Higher Degree: 24.6% • High School Diploma: 58% • No High School Diploma: 17.4% |

Though Avondale and Riverside differ in racial makeup, they share economic and social characteristics that suggest similar effects of economic and social policy. In conversation with residents, common themes emerged including lack of community investment, a feeling of betrayal by city leaders, and a strong desire to build community power. In both neighborhoods, students are bussed across town to attend high school, undermining social cohesion. As one Avondale resident described: “How do we keep that sense of community here and desire to [come] back when we lose touch of our kids at such an early age?” Highlighting the perils of disinvestment and loss of community over time, a Riverside resident stated: “I can remember when... you didn’t have to leave Riverside. We had restaurants, we had a savings and loan...stores. Riverside, at one time, was one of if not the wealthiest neighborhood in all of Cincinnati.”

The narratives of these seemingly disparate communities highlight the commonality of inequity by race and place, and these conversations provide insight into systemic inequities that perpetuate adversity within and across Cincinnati neighborhoods. In response, CCR is developing a policy platform that harnesses the power of these two communities to advocate for equitable economic and social outcomes. You can read more about this work, conducted in collaboration with the Institute for Women’s Policy Research, in the [Closing the Racial Wealth Gap](#) section of this report.

Navigating Power Imbalances in Puerto Rico



Dr. Colón-Ramos guides participants during Group Model Building.

As part of the GW Energy Equity Project funded by the National Science Foundation, and in collaboration with Dr. Uriyoán Colón-Ramos (George Washington University) and Dr. Maribel Campos-Rivera (University of Puerto Rico), CCR led a Group Model Building (GMB) session in San Juan, Puerto Rico. The session focused on understanding the relationship between energy inequity in Puerto Rico and health outcomes. Participants included key stakeholders from multiple sectors including community organizers, healthcare, social services, education, food supply, environmental and public health, and a representative from the energy company.

As a colony of the United States, power imbalances in Puerto Rico present a challenge to public discourse about systems change, particularly when government or agency partners are in the room. A representative from Luma—the Canadian energy contractor that oversees Puerto Rico’s electrical grid—was part of the September session with community members. A history of retaliation against community organizers as well as members of public agencies by government agents threatened to shut down the conversation because of the presence of a Luma representative. Using our community ambassadors, we were able to build trust and shared understanding about the issues and identify systemic roots.

Our team visited just days before Hurricane Fiona hit the island on September 14th, 2022. The territory’s electrical grid was not fully repaired following the devastating impact of Hurricane Maria, which hit the

archipelago on September 16, 2017. Five years later, the unstable grid is considered a leading factor to food insecurity contributing to a reluctance to spend money on healthy, affordable options that may spoil during extended power outages. If residents can't depend on electricity to keep fresh food cold, they are more likely to depend upon canned goods and prepared foods. Trust in the territory's water system is low following Hurricane Maria, but bottled water is three-times more expensive than sodas and sugary beverages. These factors contribute to a growing obesity and diabetes epidemic in residents of all ages. Addressing root causes of these long-standing inequities is required to build health and wellbeing.

Preliminary analysis of the Puerto Rico conversations identified three key historical policies continuing to shape systemic inequity: the Jones Act of 1920, Healthcare Reform of 1993 (La Reforma del 1993), and the Puerto Rico Oversight, Management, and Economic Stability Act (PROMESA). Two of the three policies were enacted by the U.S. federal government, highlighting the colonialism embedded in the relationship between the United States and Puerto Rico. The CCR team and Dr. Colón-Ramos continue this work in Puerto Rico with a focus on systems that reinforce choices and behaviors around sugar-sweetened beverage consumption in infants and toddlers. Our collaborative efforts – made possible with support from Duke University's Healthy Eating Research program, which is funded by the Robert Wood Johnson Foundation – will inform the CCR Policy Lab's Congressional agenda on this issue.

Resilience Catalysts: Building Power through Community Engagement

Resilience Catalysts in Public Health (RC) is a national network of local health departments (LHDs) seeking to eliminate adversity, build resilience, and foster equity through policy, practice, and program change. The RC process offers a strategy for building power by prioritizing the lived experience of community members to define systemic drivers of adversity within their community; identify opportunities for legislative change, funding, partnerships, and program adaptation to impact these drivers; and collaborate across sectors to plan for implementing identified opportunities to improve community health and well-being. The initiative is funded by CDC's National Center for Injury Prevention and Control and administered in collaboration with the National Association of County and City Health Officials.

Shelby County, Tennessee: Leaning on Community Leaders

A profound history of racial and economic segregation, racial terror, and disinvestment in community resources in Shelby County has fostered an environment of mistrust in public institutions. In this context, Shelby County Health Department (SCHD) is convening community members and leaders across diverse sectors—including education, transportation, criminal justice, and community development—to build consensus around structural drivers of violence. SCHD is working to build relationships of trust by inviting community partners to share their vision for a resilient Shelby County and training partners to facilitate "Community Resilience sessions" within their networks of influence. Using CCR's Resilience Tree, these sessions gathered community perspectives on the goals of the RC work, the steps needed to achieve success, and local resources that can be used to accomplish their shared aims. Facilitators then report back the information discussed within their respective sectors to create a cohesive narrative and specific indicators of success in advancing equity. In leveraging the social capital of trusted community members to host these forums, the health department is building power by creating touchpoints that strengthen social cohesion. Additionally, community leaders received capacity-building facilitation training that can be applied to other aspects of their work.



Participants at the Community Resilience sessions shared hopes and fears related to addressing structural violence.

Baltimore, Maryland: The Importance of Sharing Power

Baltimore City Health Department is working to create a plan of collective action to confront long-standing racial inequity and disrupt cycles of trauma that contribute to community violence. During Baltimore City Health Department's Group Model Building (GMB) session, community members and cross-sector partners gathered to build understanding and consensus on the systemic issues driving violence in their community. Many people in attendance expressed the power and value of convening residents, understanding diverse perspectives of and experiences with systems, and recognizing the breadth of resources and expertise within the community. In response, instead of mandating or prescribing the path forward, the health department invited GMB participants to propose next steps for the group to collectively accomplish. The health department plans to continue operating as a community convener who will provide connection points for residents and stakeholders to co-create and advance collaborative initiatives, thereby fostering shared leadership of the efforts to prevent and mitigate violence.

Mesa County, Colorado: A Multi-Sector Approach

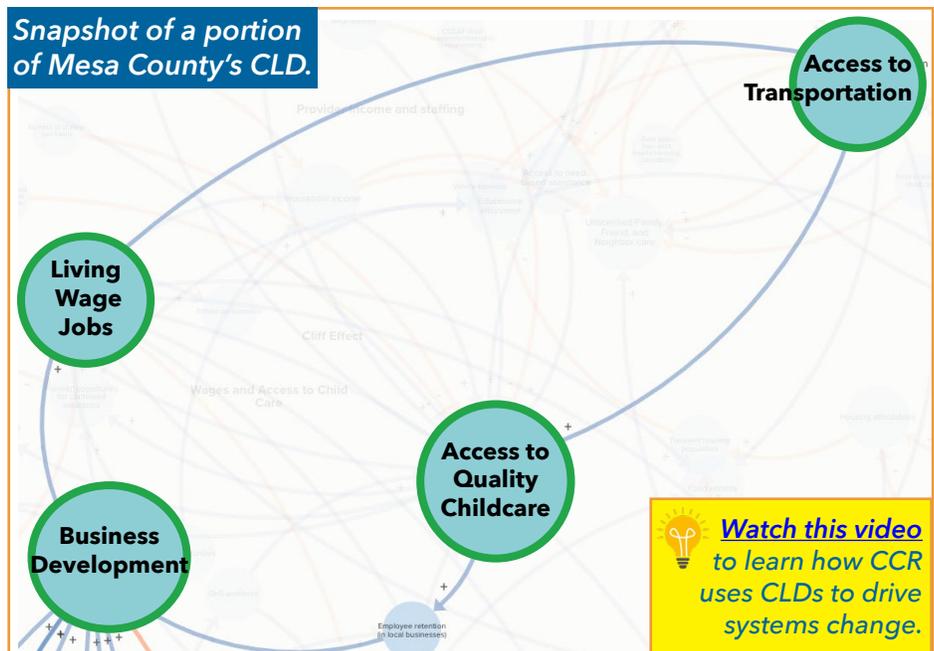
Leaders at the Mesa County Public Health (MCPH) department are working to increase access to quality childcare. Doing so can increase parental opportunities for engagement in the workforce and higher education, strengthen children's school readiness and social-emotional learning, and decrease stress and cases of neglect in homes. To help the health department identify opportunities, CCR produced a Causal Loop Diagram (CLD)—a customized visual map identifying the interconnected variables that drive or influence a particular issue of inequity; in this case, childcare accessibility. The CLD, produced from a CCR-facilitated Group Model Building session, illustrates the following connections:

- Access to transportation directly impacts access to quality childcare,
- Transportation is more accessible and affordable when residents earn a living wage, and
- Business development is a key driver of living wage jobs.

With these connections identified, MCPH is engaging public transportation and the business development sector as key partners in increasing quality childcare access. During the GMB session, participants expressed that a lack of business management skills among childcare providers prevents new centers from opening and current centers from being able to make ends meet, much less expand. In response, MCPH has partnered with a local business incubator to develop and facilitate business training specific to childcare providers. As a result, training is now available free of cost to current providers and those interested in opening a childcare business.

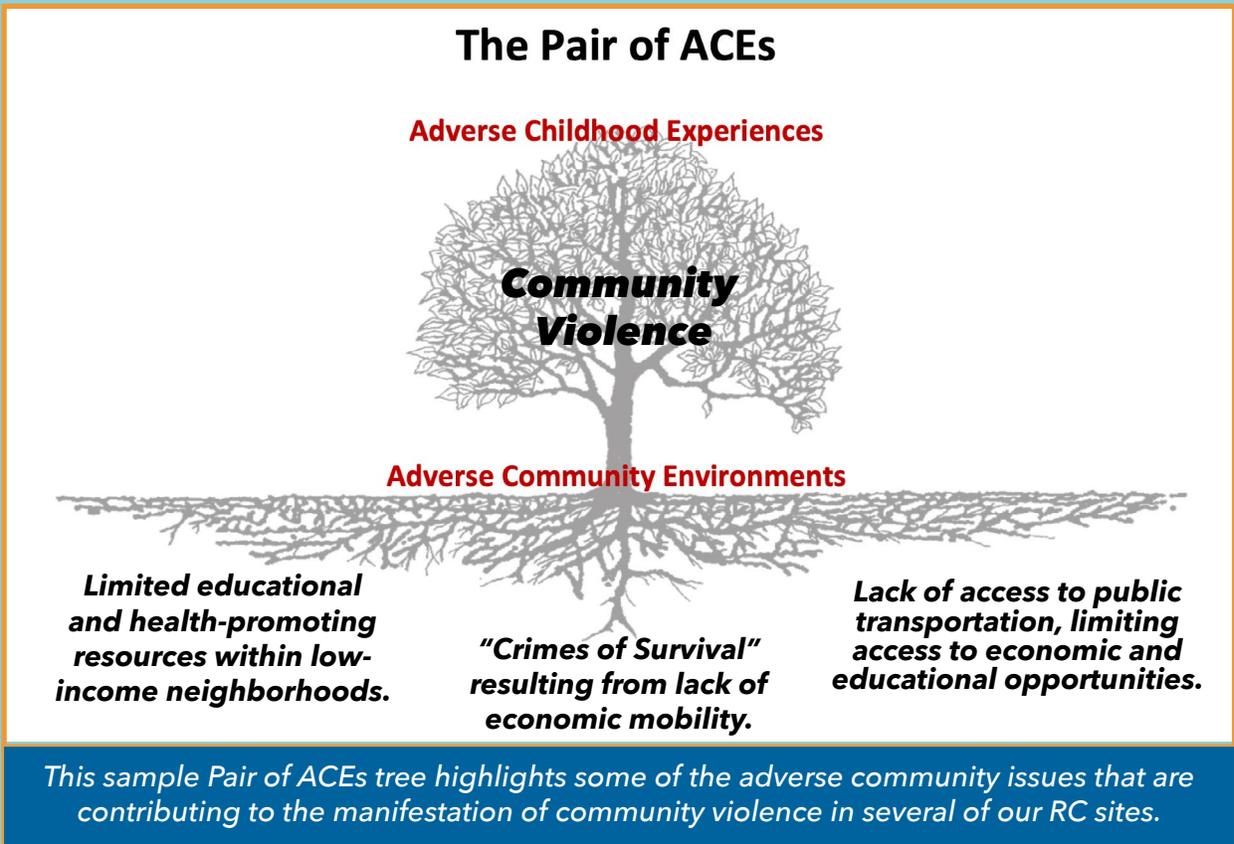
When we began our work with MCPH, they had strong collaboration with partners in early childhood education but lacked partnerships from other sectors that influence the accessibility of childcare for families. Now, MCPH understands the need to connect resources across sectors and is working with CCR to expand cross-sector partnerships to address the drivers of inequity outlined in the CLD.

Snapshot of a portion of Mesa County's CLD.



Violence Prevention: Shaping the Role of Local Public Health

As the incidence of community violence and mass shootings continues to grow across the U.S., the role of public health in addressing this issue continues to evolve. Three Resilience Catalyts (RC) sites have identified violence prevention as their area of focus but face both internal and external obstacles in defining a role for public health. In the wake of the COVID-19 pandemic, many local health departments face a workforce shortage due to burnout, which severely limits capacity to take on new issues. Externally, defining a role for public health in violence prevention is novel in many communities accustomed to approaching the issues as one confined to policing and criminal justice.



Our narrative-shaping and systems visualization tools offer LHDs a tactic to help define their role in working across sectors to address root causes of violence. Shelby County is using the Pair of ACEs tree to build shared understanding of violence as a systemic issue with roots in inequitable social and criminal policy and practice. Framing violence with its roots in issues like underdeveloped public transportation infrastructure and isolated resources has helped build a case for violence a public health issue. Using CCR’s approach to root cause analysis, our RC partners are able to connect the stressors of living in low-resources areas to specific drivers such as low access to public transportation and economic mobility. Baltimore is using the Causal Loop Diagram (CLD), a customized visual map developed by CCR to identify the interconnected elements that drive or influence violence in their community, to illustrate violence as an outcome of policies and practice initially designed to drive race- and place-based inequity. Demonstrating the interactions between multiple sectors within this system has helped them begin to break down silos both within their department and between organizations in their community. Alameda County is using the insight gained from other RC sites and to develop a violence prevention office within the health department. The health department plans to operate as a convener of cross-sector partners who will collectively work toward violence reduction.

ACTING ON OUR GOALS

Everything we do at CCR – including our latest efforts to center narrative change and power-building in community – is intended to catalyze advocacy and action that transforms systems and structures in support of equity and community resilience.

Closing the Racial Wealth Gap

With support from the Robert Wood Johnson Foundation and the Urban Institute, CCR is taking a bold step to develop recommendations aimed at closing the racial wealth gap in Cincinnati, Ohio. This work aligns with the community-driven policy agenda developed as part of our 2020-2021 Cincinnati Truth & Equity initiative. CCR's Policy Lab and research team launched the racial wealth gap study to predict the impact of a small-dollar mortgage program as part of a comprehensive effort to promote economic mobility for Black women in Cincinnati. Black women in Cincinnati have limited economic opportunity due to systemic factors such as low wages and limited access to affordable childcare. Homeownership

is the primary means by which wealth is passed from generation to generation, and it plays a larger role in creating wealth for Black families than it does for white families. Homeownership and stable housing also allow individuals to access other resources for health and wealth-building.



This study considers small-dollar mortgages as part of a more expansive housing and economic mobility strategy that includes apprenticeship programs, small business investments in Black neighborhoods, and public-private partnerships that can help stabilize lower income communities at risk of losing generational residents due to gentrification. Applying Group Model Building (GMB)

methods with community members, CCR is mapping the cyclical and non-linear relationships between systemic factors perpetuating wealth gaps and diminishing legacy homeownership. At the same time, we are building community capacity to lead advocacy efforts to address social and economic inequities.

Using causal loop diagrams (CLDs) created during GMB sessions in the communities of Avondale and Riverside, CCR is identifying specific policy levers related to housing and the racial wealth gap. Our Policy Lab is working directly with Cincinnati Vice Mayor Jan-Michele Kearney and Cincinnati Councilmember Scotty Johnson to develop policies that support the vision and needs of community partners. Residents of Avondale, a historically Black neighborhood that faces some of the lowest life expectancy in the city, discussed barriers to affordable housing and the need to address issues such as community violence. In Riverside, an Appalachian community along the Ohio River, residents described the threats to property values posed by erosion and local industry. Similar themes emerged from both communities, such as the lack of investment in community resources (e.g., housing, grocery stores, and community centers). Potential solutions include increased homeowner education of their rights and maintaining housing quality, as well as leveraging community power to advocate for business and community investments.

Efforts to increase homeownership and housing quality in these communities will be a first step in a comprehensive policy agenda that centers economic mobility and closing the wealth gap. Policy efforts to increase access to resources and opportunity for Black women will be part of a targeted universalism approach that will have a positive impact on all of Cincinnati's residents who are poor or experiencing economic instability. Later this year, CCR in partnership with our Cincinnati partners will begin outreach to the local business community, as they will play an important role in many of the initiatives necessary to close the racial wealth gap in the city.

Policy Agendas for Local Public Health

The Resilience Catalysts (RC) in Public Health program supports local health departments (LHDs) to strategize systems-level change that fosters equity and builds community resilience. Across all our RC sites, there is an acute need for long-term solutions that require policy, program, and practice change in multiple sectors to address inequity. As part of the RC process, CCR's Policy Lab creates advocacy and education agendas that provide comprehensive summaries for LHDs to address long-standing inequities. These agendas provide critical data points and partnership opportunities that will allow the sites to educate policymakers and partner with advocates for long-term systems change.

In Mesa County (CO), the health department aims to increase access to childcare amidst a nationwide shortage. A key pain point for childcare providers is recruitment and retention of quality early childhood education staff; however, childcare providers lack funds to increase wages and training while maintaining quality care. Leveraging state funding from the Universal Preschool (UPK) Colorado program and Employer-Based Child Care Facility Grant Program presents an opportunity to implement policy-level (e.g., increased wages and educational opportunities for staff) and program-level changes (e.g., a shared services model to support small centers with administrative tasks) to jointly increase staff retention and improve quality. The Policy Lab is working to develop recommendations for policy, partnerships, and funding that span across sectors in the community to embed change within multiple systems.

The RC team in Leon County (FL) is focused on reducing the ALICE (Asset-Limited, Income Constrained, Employed) population by ensuring equitable access to community supports such as public transportation, affordable housing, and [quality employment](#). The ALICE population is impacted by multiple sectors and upstream factors, which requires a need to build public-private partnerships to design comprehensive economic mobility solutions. The Leon County team is exploring using grant funding and partnerships with local groups (e.g. universities, city transit, and development groups) to implement neighborhood-led plans that address underlying determinants of health.

2022 Hill Visits: Advocacy in Action

CCR worked with Building Community Resilience network teams in Oregon, Washington State, and the Greater Dallas area to connect with Congressional offices and reinforce the need for policies that promote community safety using trauma-informed approaches. Legislative priorities discussed during the visits included the [RISE from Trauma Act](#), [STRONG Support for Children Act](#) and the [Improving FHA Support for Small-Dollar Mortgages Act](#). Participants highlighted the need for research on barriers to increasing access to single-family mortgage insurance from the Federal Housing Administration for mortgages under \$100,000, as a means to close the nation's widening wealth gap. The Policy Lab also helped BCR sites advocate for increased funding for several federal grant programs that support and foster community resilience. For the first time since the COVID-19 pandemic began, CCR sites will gather in Washington, DC for an in-person Hill Day in 2023. Thanks to generous support from The Kresge Foundation, the entire CCR network of local coalitions and health departments will come together to share lessons learned, best practices and promote systems change to undo systemic inequity.



SCHOLARLY CONTRIBUTIONS

In addition to supporting our national network and partners, CCR develops field-wide resources and training, along with academic courses, that equip broader audiences with tools and innovative approaches to foster equity in their own work and communities.

Capacity-Building: Preparing the Public Health Workforce for Systems Thinking

CCR is focused on furthering system dynamics modeling (SDM) education in the public health curriculum to increase capacity to harness data and community engagement in systems change initiatives.

Classroom Education: Group Model Building for Community Engagement and Power Building

In Fall 2022, CCR introduced a doctoral-level public health course that incorporates systems thinking, Group Model Building, and system dynamics modeling concepts and approaches at George Washington University's School of Public Health. DrPH students are learning how to use Group Model Building to build shared understanding around systemic inequity and draw causal loop diagrams to illustrate leverage points for systems change. CCR continues to integrate systems modeling across additional public health courses at the George Washington University in 2023, teaching undergraduate, master's and doctoral students how to apply systems thinking to foster equity and build community resilience.

Building System Dynamics Modeling Capacity in Puerto Rico

In Puerto Rico, CCR provided training for University of Puerto Rico (UPR) students and early career researchers to facilitate Group Model Building. UPR students and researchers gained hands-on practice through an in-person Group Model Building session. Afterwards, CCR taught UPR students and researchers how to analyze the qualitative data using CCR's Variable Relationship Analysis (VRA) technique to create a synthesized causal loop diagram (CLD). Our collaboration with UPR scholars in September 2022 opened the door to more collaborations around system dynamics modeling application and research in Puerto Rico that will continue through 2023.

Applied Education: Developing a Robust SDM Curriculum

System dynamics modeling (SDM) involves a mix of highly advanced skills: translating narratives into visualized causal maps, computer model structure design, computer coding logic, and mastery of applied statistics and linear algebra. To our knowledge, a small percentage of the public health workforce is trained in all these skills. At CCR we have developed a robust system dynamics modeling curriculum to strengthen public health workforce capability and capacity for applying SDM in public health practice. Our curriculum trains students and public health practitioners to map systems and structures driving adverse experiences based on community input, anchoring systems thinking in community experience. Students learn to build computerized models that simulate outcomes of proposed policy solutions. Computerized system dynamics models are common in the engineering field but have historically been absent in public health applications of system dynamics. We aim to innovate public health practice by training the next generation of public health leaders capable of integrating SDM into population health and prevention.

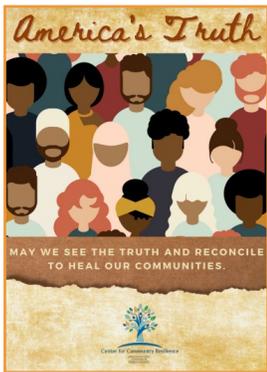
"System Dynamics Modeling (SDM) has made me further appreciate the importance of having a global view when problem solving. As a student, it's easy to fall into repetitive patterns [of thinking and doing]—good or bad; learning a systems approach has enabled me to have better control over what patterns I create or those I fall into. As a budding public health professional, I'm curious about how I can weave my learnings from SDM into current infectious disease prevention strategies."



**– Uvie Omo-Sowho,
Student Research Assistant
and MPH Candidate '24**

Teaching: Communicating the Role of Structural Racism in Public Health

The ability to examine the relationship between race, racism, structural racism and the social determinants of health is fundamental to the public health practice, research, and policy. In the course “Structural Racism and Implications for Public Health,” CCR Director Dr. Wendy Ellis provides students with a practical understanding of the role of public health in identifying levers of structural racism and using data to measure the impact of policy and practice rooted in racial disparity on health and wellbeing in populations across the globe. Through readings, podcasts, guest lectures and deep-dive class discussion, this course traces the history of structural racism, explores colonialism as a broader determinant of health, and uses critical race theory to examine how race as a social construct is incorporated into global systems of law and government. In turn, students are learning how to critically examine and confront the origins of health and social disparities by applying the methods of public health to achieve health and social equity.



Discussion Guide: America's Truth

Understanding structural racism and confronting our nation's history is both a personal and communal journey. The CCR documentary [America's Truth: Cincinnati](#) shares the multiple layers of structural racism embedded in policy upon Ohio's statehood and into present day. Each chapter of the film provides the viewer with an understanding of how place and policy can influence outcomes for a population over generations. In 2022, we produced a [discussion guide](#) for the film to help individuals and groups explore their own community's history and develop a platform for racial healing through storytelling and introspection in an effort to build collective will for change.

WHAT'S NEXT FOR 2023

Equity Dashboard: Upgrades in Efficiency, Effectiveness, and Clarity

Major changes are coming to CCR's Equity Dashboard in 2023. The Equity Dashboard is a customizable tool for forecasting and measuring how investments and policy changes could improve outcomes in key factors of community resilience such as employment, criminal justice involvement, housing, health, and education. Our researchers and policy analysts are revamping the user interface design to integrate tailored policy recommendations more clearly into dashboard simulations, greatly enhancing its usefulness for advocacy. Second, we are improving the modeling equations used to develop Equity Dashboards. Our research team invested several hundred hours reviewing literature and data sets to update and standardize variables across each major sector (e.g., education, housing, criminal justice) within CCR's system dynamics models. Not only will standardization improve efficiency when building new models, it also allows our researchers to dive deeper into each community's unique social, economic, and health context for the customized portion of modeling. As a result, Equity Dashboards will become more effective at generating useful simulations specific to each community.

Finally, CCR is creating resources to help dashboard users develop communication strategies for engaging stakeholders using their customized Equity Dashboard. In 2022, CCR developed a causal loop diagram (CLD) training to help community stakeholders use CLDs to understand local priorities and policy opportunities for advancing equity. We are in the process of developing a new resource to help community stakeholders craft messaging to advocate for policy, practice, and program opportunities highlighted in the Equity Dashboard. They will learn how to combine community narratives and historical data with the Equity Dashboard's visual simulation to develop clear communications for advocacy.

Equity in Policy: Promoting Health and Well-Being Across the Lifespan

CCR's Policy Lab and its national network of partners are working to inform strategies that support innovative policy reforms, investments, and appropriations to ensure that every child and family can thrive regardless of race or place. The [2023 National Policy Agenda](#) takes a comprehensive approach addressing social, racial, economic and gender inequity in the U.S. Organized as the 'nine essential building blocks of community resilience,' the CCR agenda aims to provide a pathway out of poverty by advocating for equitable access to supports and resources that will ensure families and communities thrive.

CCR is coordinating a series of webinars featuring policy experts, national organizations and community advocates who offer insight and guidance on strengthening the Building Blocks of Community Resilience. In summer 2023, CCR will host a national advocacy day bringing together coalitions from across the country to visit with members of Congress and share innovative approaches to foster social, economic, and racial equity. With partners such as the Institute for Women's Policy Research, the Campaign for Trauma-Informed Policy and Practice, the Jacobs Institute for Women's Health and the Center for Study of Social Policy, CCR will host a series of Congressional briefings to share lessons learned, best practices and novel approaches to creating community environments that are fair and just, prevent trauma, and ensure that all of our children have an opportunity to thrive.

The Essential Building Blocks of Community Resilience



Child Health: Insurance programs, infant mortality prevention, mental health and trauma-informed practice, and child abuse prevention.



Maternal Health: Policies that address maternal mortality, increase access to prenatal health, access to mental health supports and household security.



Education: Early childhood education, school safety, school-based mental health, equitable funding and resources for public education, and support for teacher retention and advanced training.



Childcare: Increase accessibility, affordability and quality of childcare and Universal Pre-K, and supports for trauma-informed practice.



Child Nutrition: Strengthen community food systems, increase access to healthy foods in community as well as affordable and accessible infant formula and school lunch programs.



Workplace Policy: Policies that inform fair and equitable treatment in employment, including protections against discrimination of pregnant people, access to childcare, supports for living wages, promotion of trauma-informed practice, and access to paid family leave.



Foster Care: Transformational and trauma-informed policy and practice change to the nation's foster care system that minimizes entry into the system, preserves families, and provides equitable opportunities and supports to children placed in foster care.



Health Care: Policies that support the health of families and communities, particularly the expansion of community-based access to care in underserved communities.



Reproductive Justice: Ensuring personal bodily autonomy, the right to have children, the right to not have children, and the right to parent children in safe and sustainable communities. This includes policies that support access to reproductive health care including abortion, contraception, and full-scope care that is responsive to the needs and wishes of the birthing parent.



Center for Community Resilience

Milken Institute School
of Public Health

THE GEORGE WASHINGTON UNIVERSITY