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MO Children's Division

MO Coalition Against Domestic and
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Missouri's Comprehensive Public Health Approach for Resilience to Mitigate the Impact of Trauma

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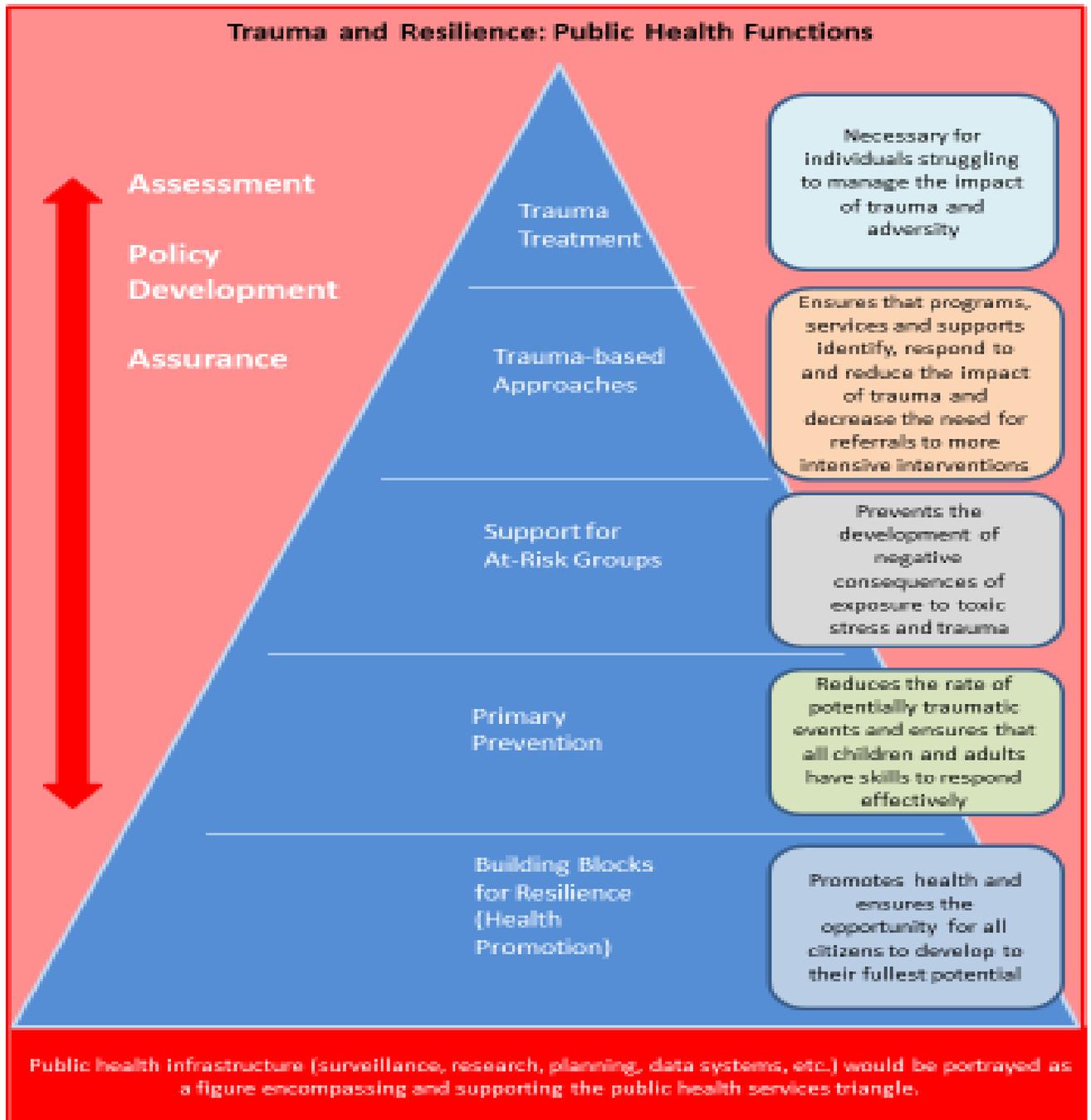
Missouri's Comprehensive Public Health Approach for Resilience to Mitigate the Impact of Trauma

The Centers for Disease Control has identified early adverse experiences as a significant health factor. A growing body of research, including the Adverse Childhood Experiences Study, demonstrates that early trauma can have a lifelong effect in almost all areas of functioning, including physical and emotional health, the ability to learn, relational abilities and employment capacities. This research suggests that a comprehensive public health approach will be necessary to address the multiple consequences of trauma and adversity.

Missouri's Comprehensive Public Health Approach for Resilience to Mitigate the Impact of Trauma describes the components of a comprehensive community response to promote health and resilience to address the potential impact of trauma and adversity, bringing together the pieces that are necessary to create healthy and supportive communities, families and children. This approach can be used to help identify the role government (federal, state, community) and organizations can play. History is replete with examples where a major public health issue has been identified and significant energy and resources have been targeted to those who are already impacted, sometimes with limited success. This framework helps to define what a public health approach to developing resilience and addressing trauma and adversity would look like in a community, shifting our attention “upstream” and providing a template for understanding the relationship between different aspects of trauma-informed public health. It thus complements the earlier document, *The Missouri Model: A Developmental Framework for Trauma-Informed*, which focuses on how service delivery organizations can incorporate information about trauma into organizational policy and practice.

The lower levels of the public health pyramid focus on universal interventions that address fundamental issues of public policy and use of resources. These levels establish the context for subsequent levels – if universal supports are not in place, targeted interventions later on will need to be more intensive, may cost more, and may be less effective. At the **Health Promotion** level, consideration may be given to assessing and responding to health disparities, creating green spaces, ensuring access to nutritional foods and decent housing, providing universal access to quality healthcare and education, etc. The next level, **Primary Prevention**, narrows the focus to interventions that directly promote the adaptive social and emotional skills necessary for resilience. Also at this level, the community assesses and addresses factors that may expose community members to trauma, including child abuse/neglect, domestic violence, unsafe neighborhoods, and disparities in access to fundamental supports. While these interventions directly reduce exposure to trauma and violence, they are still universal because they are available to the entire population. The next level, **Support for At-Risk Groups**, addresses community capacity to recognize and support at-risk populations. For example, organizations that serve adults who are incarcerated, mentally ill, or who use substances could expand their mission to identify and access supports for children put at risk by their parents' conditions. Similarly, child-serving agencies could provide protective factors for children by accessing supports for their parents. This begins to move

towards cross-generational approaches and addressing families as a social unit rather than focusing on one individual's needs. As we continue to move up the pyramid to **Trauma Informed Approaches**, we



begin to address individuals who have experienced trauma or toxic stress. For the community and non-clinical organizations, the focus may not be on specific treatment for the trauma (which stands at the top of the pyramid) but on what they can do in their sphere of influence to mitigate its impact. For example, schools can teach and support children in a way that reflects an understanding of the impact of trauma on learning and behavior. Likewise, health care practitioners can modify medical treatment to reflect their understanding of the impact of trauma on a person's physical health and on their compliance with health interventions. **Trauma Specific Treatment and Supports** are at the top of the pyramid, reflecting the fact that people who have developed socially or personally maladaptive responses from exposure to trauma and adversity may need treatment specifically designed to help them to develop healthier coping strategies.

Across the pyramid, the major functions of the public health system can provide essential infrastructure and support. The functions of surveillance/assessment, policy development and assurance/monitoring shape and improve the work at all levels by increasing our understanding of the factors involved, mobilizing action, developing policies based on data, and following up to see if actions are having an impact. Appendix A provides a matrix with two examples of action steps at each level of the pyramid across the public health functions.

Implementing all components of a public health approach to promote resilience and address trauma and adversity will require that we develop new partners and that we value the unique roles that different entities, organizations and individuals can play. Rather than seeing resilience and trauma treatments as separate (or even competing) interventions, we can promote synergy between them and become champions outside of our particular role.

In summary, this document is meant to illustrate the connection between resilience and trauma interventions and to outline the functions community, organizations and individuals can take to create healthy communities for all citizens and reduce the overall exposure to, and impact of, trauma. *The Missouri's Comprehensive Public Health Approach for Resilience to Mitigate the Impact of Trauma* provides a framework for both discussion and action.

Appendix A

The following matrix provides two examples of how a community could apply the basic functions of public health across all levels of the pyramid. Healthcare and crime reduction are very broad domains, and different community will likely focus on different priorities. These examples are intended to stimulate thinking, not to provide guidance.

Level	Purpose	Function	Example 1: Healthcare	Example 2: Crime reduction
Health Promotion, Building Resilience	Promotes health and ensures the opportunity for all citizens to develop to their fullest potential	Surveillance	Community assesses needs and disparities in area of access to healthcare with an emphasis on maternal child health.	Community maps “hotspots” where crime rates, social problems and lack of social services overlap
		Policy Development	Develops funding priorities/policies to address gaps and disparities	Policies developed to increase opportunities in high-risk neighborhoods
		Assurance	Based on initial baseline data, assesses impact of policies such as monitoring birth weights, mothers receiving prenatal care, reduction in community rate of obesity	Monitoring of social indicators by neighborhood
Primary prevention	Reduces the rate of potentially traumatic events and ensures that all children and adults have skills	Surveillance	Assess access to social/emotional curriculums in early childhood programs/centers	Identification of local risk factors for delinquency (e.g., witnessing crime, child abuse)

	to respond effectively	Policy Development	Awareness campaign and resources made available to community	Community campaigns to reduce the rate of identified risk factors
		Assurance	Assess for impact by measuring school readiness in K/1 st G.	Monitor impact of campaigns
Support for At-Risk Groups	Prevents the development of negative consequences of exposure to toxic stress and trauma	Surveillance	Assess impact of neighborhood violence on school performance	Identification of youth groups with multiple risk factors
		Policy Development	Implementation of supports in regards to emotional regulation for at risk students	Funding of programs to intervene in gang violence
		Assurance	Assess impact of supports on academic performance and discipline reports for at-risk students	Monitor changes in gang behavior and community impact
Trauma Informed Approaches	Ensures that programs, services and supports identify, respond to and reduce the impact of trauma and decrease the need for referrals to more intensive interventions	Surveillance	Identify schools in high crime/violence neighborhoods with poor performance outcomes	Identify hospitals with high ER admissions for injuries due to violence and psychiatric care
		Policy Development	Develop school policy requiring training and implementation of trauma informed school environments	Develop hospital-based trauma-informed programs for youth injured in community violence
		Assurance	Assess impact of culture shift on all students' academic performance	Monitor changes in life course trajectory for youth receiving

				trauma-informed services
Trauma focused Interventions	Necessary for individuals struggling to manage the impact of trauma and adversity	Surveillance	Assess access to evidence based interventions for trauma for families living in high crime/violence neighborhoods	Assess offenders for lifetime trauma
		Policy Development	Invest in training for therapists, school counselors, health professionals on trauma focused interventions and address barriers to access	Justice facilities and re-entry programs funded to include staff trained to do trauma treatment
		Assurance	Monitor impact in areas such as school performance, crime rate, and unemployment	Recidivism rates measured