



## Building Community Resilience through Adverse Community Experiences and Resilience (ACE|R) & Community Organizing Approaches

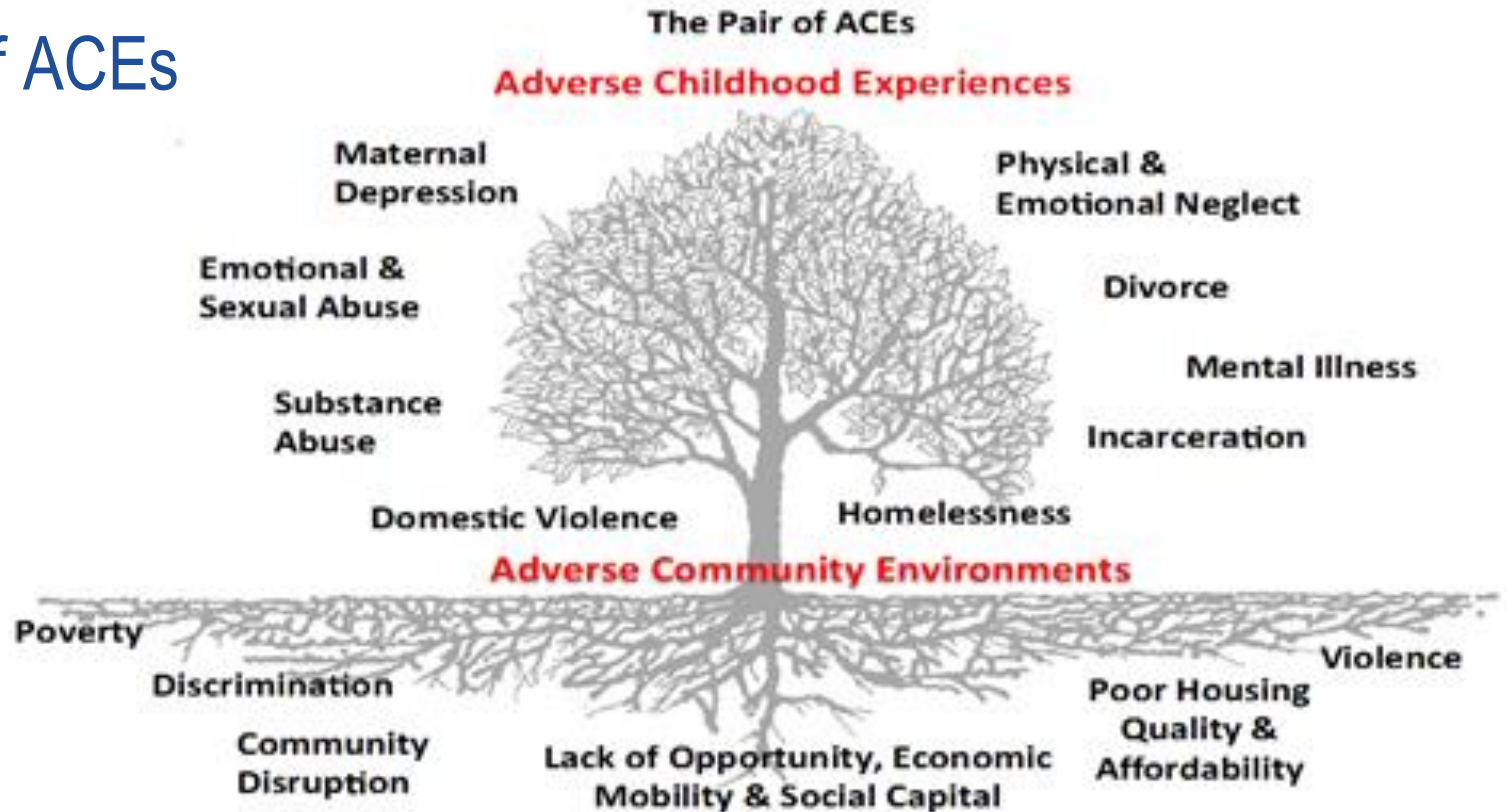
Phillip W. Graham, MPH, DrPH  
Anna C. Yaros, PhD  
Dana Fields-Johnson, MPA  
Jamaal E. Smith, MPA



**PREVENTION**  
INSTITUTE



# Context of ACEs



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

# Research Partners





# RTI Research Team

**Phillip W. Graham**  
Co-PI



**Anna Yaros**  
Co-PI / Project Director



**Jessica Cance**  
Co-Investigator



**Ty Ridenour**  
Co-Investigator



**Stefany Ramos**  
Research Analyst



**Camara Wooten**  
Project Coordinator



**Sherri Spinks**  
Project Manager

# Presentation Outline

ACE|R Model



```
graph TD; A[ACE|R Model] --> B[Milwaukee Blueprint]; B --> C[Research Study];
```

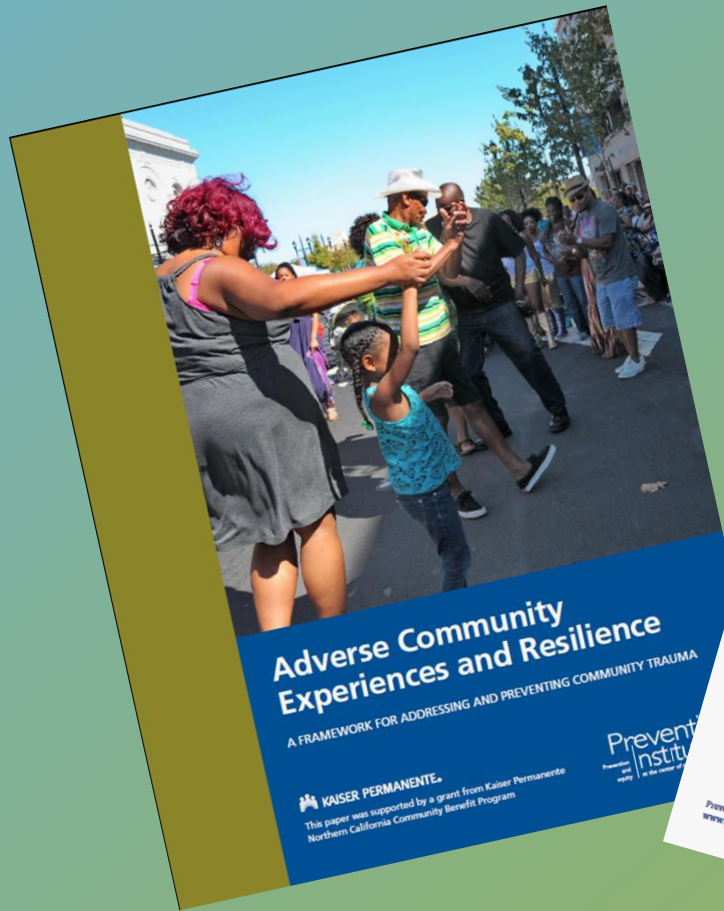
Milwaukee Blueprint

Research Study



# Adverse Community Experiences and Resilience

*A Framework for Addressing and Preventing  
Community Trauma*



# Community Trauma: What We're Learning

---

- Trauma also manifests at the community level and is not just the aggregate of individuals in a neighborhood who have experienced trauma.
- Community trauma is the impact of chronic adversity (e.g., violence and structural violence) across a community.
- There is an understanding that trauma serves as a barrier to effective solutions to promote health, safety and well-being.
- There are manifestations, or symptoms, of community trauma in the social-cultural, physical/built and economic environments.



# Symptoms of Community Trauma

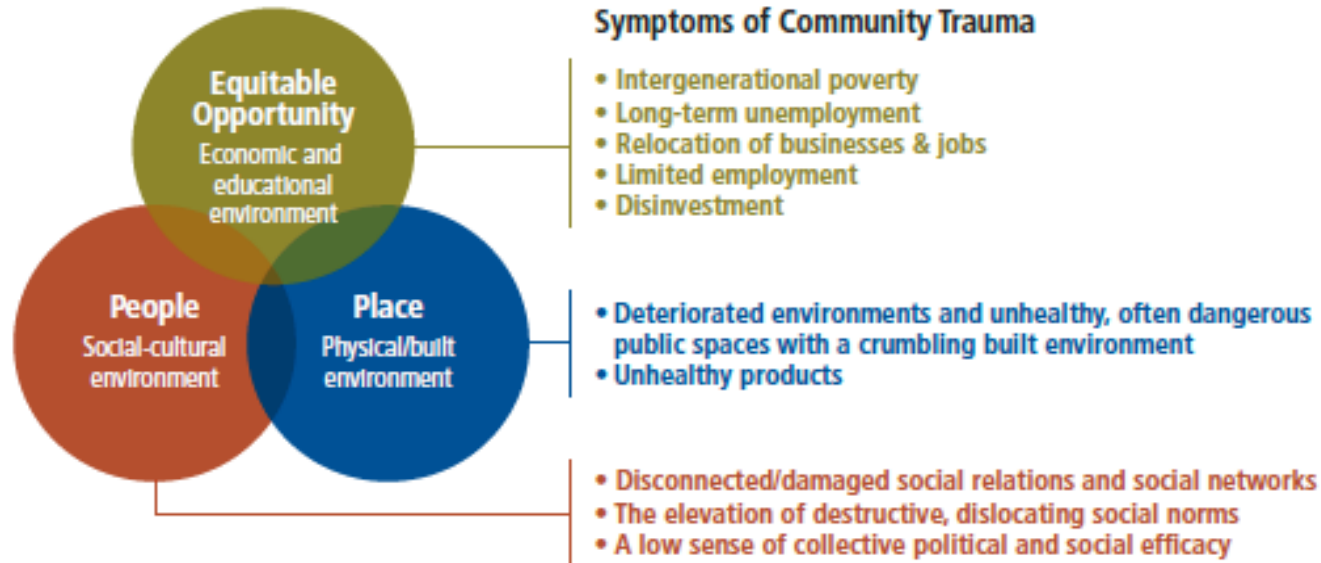
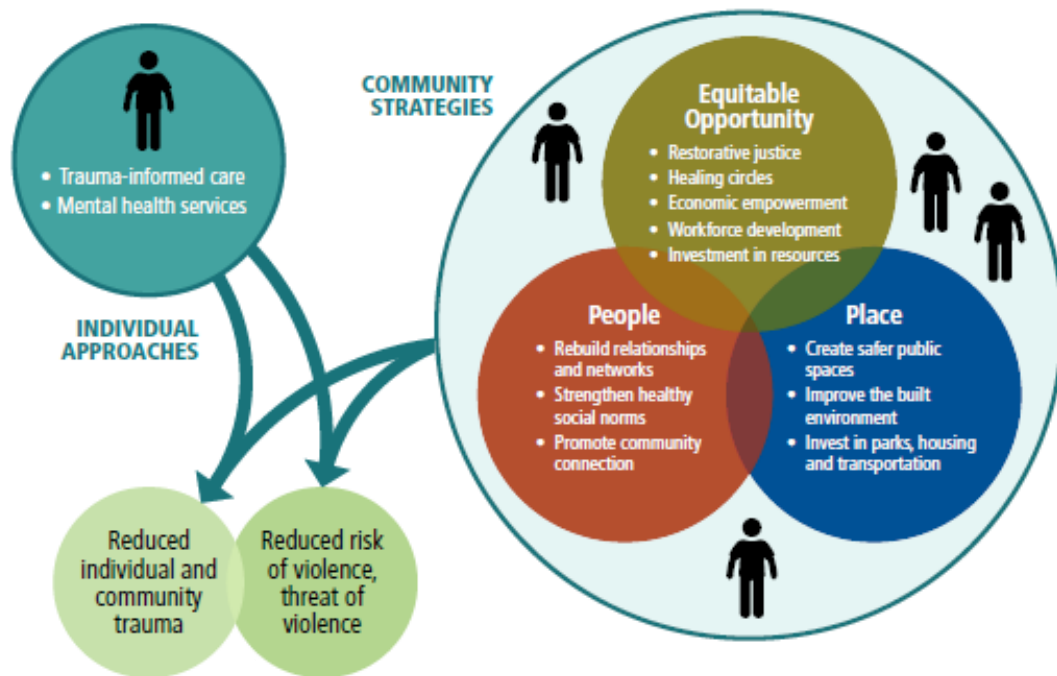


Figure 1 The Community Environment



# Strategies to Address and Prevent Community Trauma





## Simultaneous Community Solutions



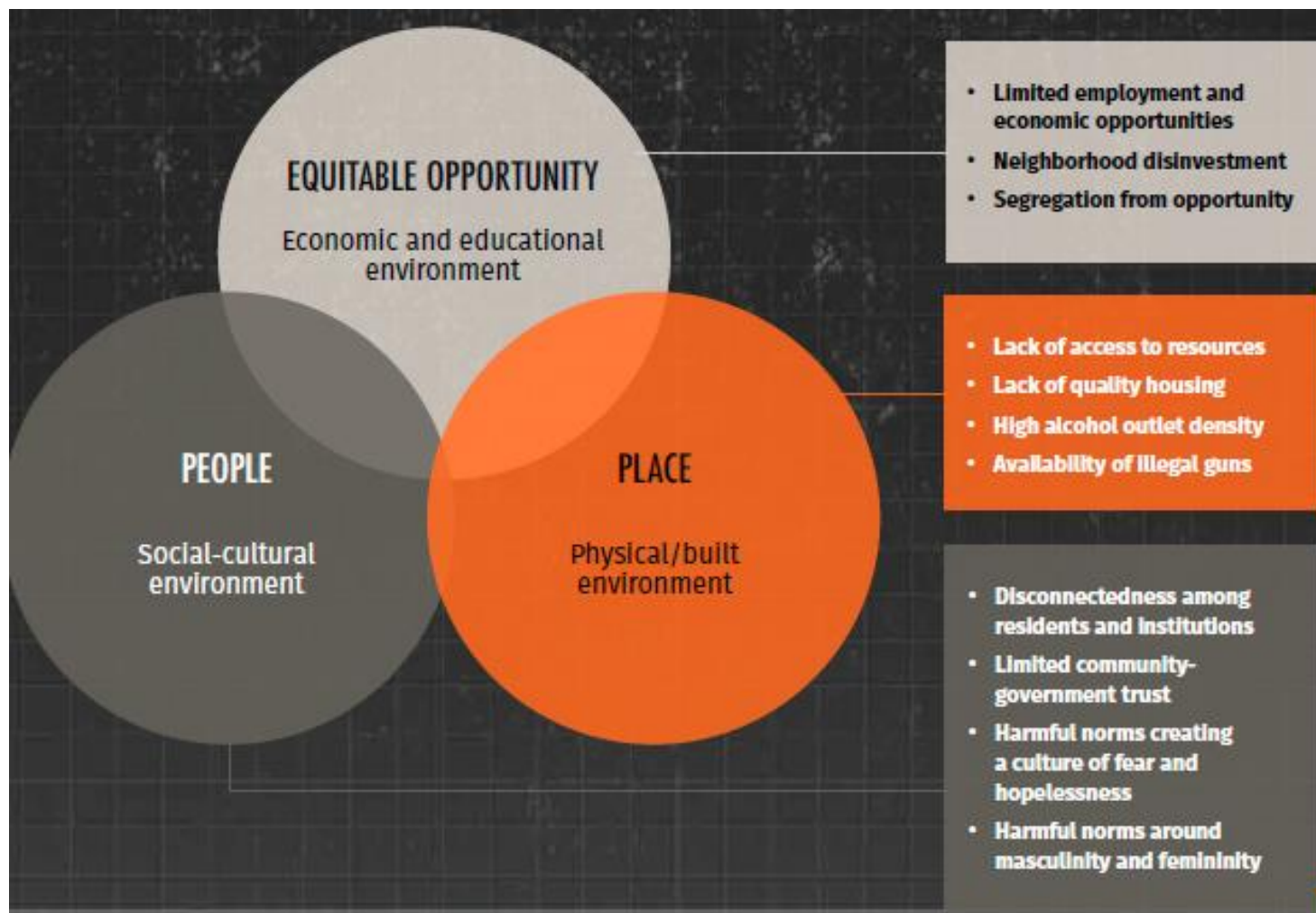
Note: The systems listed are examples of the types of systems across which we need to work to address community trauma.



# Milwaukee's Blueprint for Peace

Charting the path forward with the Adverse Community Experiences and Resilience Framework





# A Community-Building and Organizing Framework that Incorporates an Understanding of Community Trauma (ACE|R)



**PREVENTION**  
INSTITUTE

# Milwaukee OVP's Community Organizing Approach

- 4 Distinct Components
  - Civic Engagement
  - Community Engagement
  - Community Organizing
  - Movement Building



# Current & Future Activities

---

- Development of a Resident Train-the-Trainer Curriculum
- Ongoing Design Team Conversations
  - Review curriculum and supporting materials
  - Modifications
- Pilot the ACE|R+ Train-the-Trainer in Sherman Park (Aug 2021)
- Priority neighborhoods of focus to follow Sherman Park (Amani, Old North Milwaukee, North Division/Metcalf Park)
- Development of a Neighborhood Readiness Assessment (TBD)

# Elements of a Resilient Community

## THRIVE Community Factors

1. Social networks & trust
2. Participation & willingness to act for the common good
3. Norms & culture

4. What's sold & how it's promoted
5. Look, feel & safety
6. Parks & open space
7. Getting around
8. Housing
9. Air, water, soil
10. Arts & cultural expression

11. Education
12. Living wages & local wealth

## Examples of THRIVE

- strong social networks and trust
- community engaged in solutions
- norms supportive of healthy relationships

- access to healthy food/products
- perceived safety
- safe parks/accessible open space
- reliable ways to get around
- safe, affordable housing
- safe/clean air, water, soil
- thriving arts /cultural expression

- high quality education (pre-K-on)
- living wages, local ownership



# Prevention Institute Project Team



Sheila Savannah  
Managing Director



Dana Fields-  
Johnson  
Assoc. Program  
Director



Nzinga Khalid  
Program Manager



Kami Yamamoto  
Senior Research  
Assistant

# OFFICE OF VIOLENCE PREVENTION

## Mission

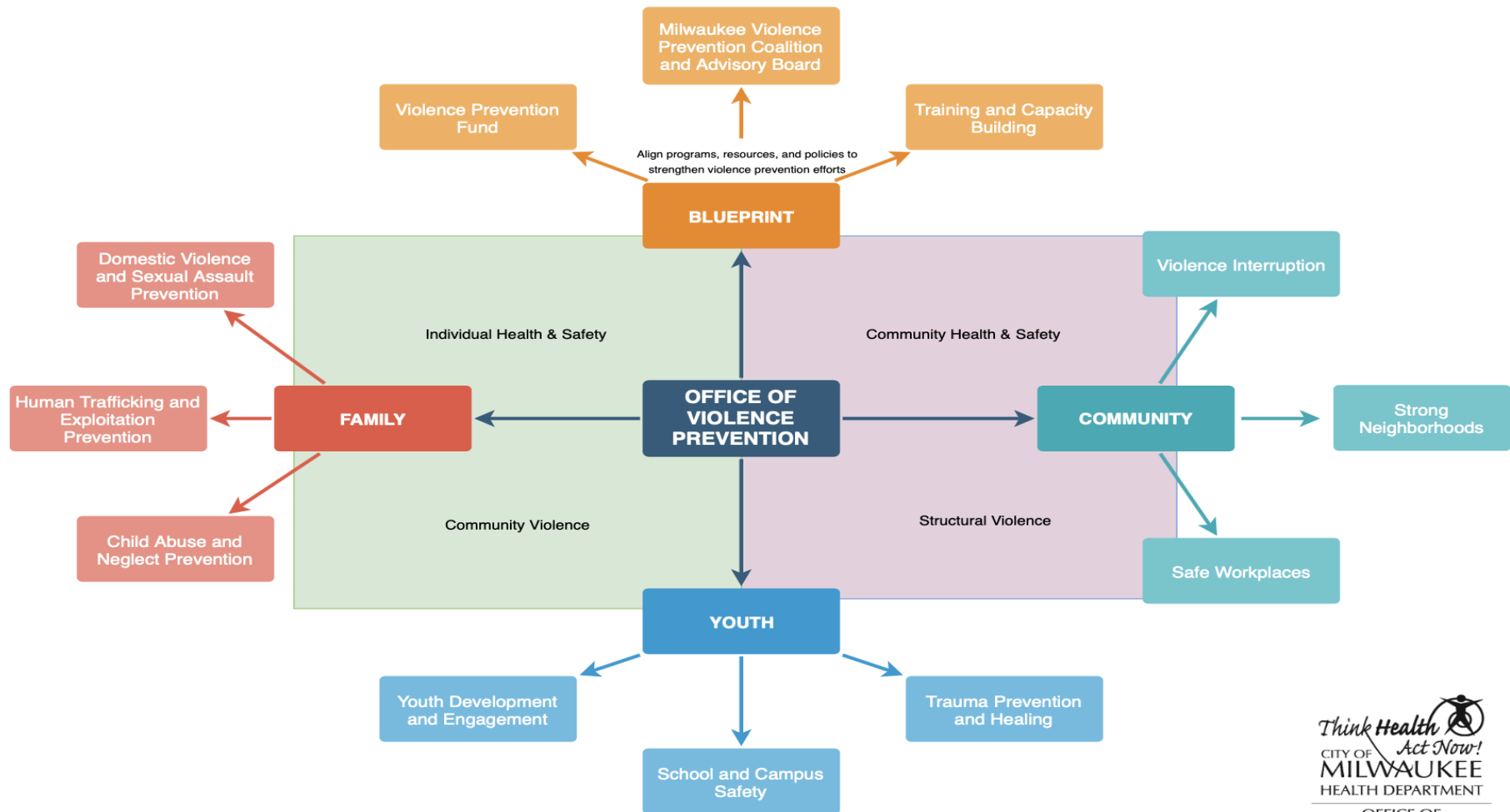
To prevent and reduce violence through *partnerships* that strengthen youth, families, and neighborhoods.

## Initiatives

- ❖ Commission on Domestic Violence and Sexual Assault
- ❖ Safe Visitation and Exchange Center
- ❖ Coaching Boys to Men
- ❖ ReCAST Milwaukee
- ❖ Trauma Response Partnership
- ❖ 414 LIFE
- ❖ Blueprint for Peace
- ❖ BUILD Health Challenge
- ❖ Beyond the Bell
- ❖ Safer Communities for Youth



CITY OF MILWAUKEE  
HEALTH DEPARTMENT







# BLUEPRINT FOR PEACE DEVELOPMENT



- ❖ 12 Month Process
- ❖ 6 Steering Committee Meetings
- ❖ Focus Groups
- ❖ Key Stakeholder Interviews
- ❖ Launch Event
- ❖ Survivors Forum
- ❖ SAFE MKE Forum
- ❖ Ceasefire Sabbath
- ❖ Youth Survey
- ❖ Community Survey
- ❖ Community Brainstorming
- ❖ Southside Safety Summit

This Blueprint is guided by the following principles:



1

## COMMUNITY

This Blueprint is informed by *youth and families most impacted by violence*. Its success is dependent on the power, connection, and engagement of every resident in making Milwaukee one of the safest cities in the country.





2

## EQUITY

Although violence affects the entire community, this Blueprint recognizes the ***inequitable toll that violence takes on specific neighborhoods and populations*** including youth, women, and people of color.

3

## INDIVIDUAL &amp; COMMUNITY RESILIENCE

This Blueprint acknowledges the impact that violence and trauma have on children, families, and neighborhoods and promotes ***asset-based solutions*** for immediate and lasting change.

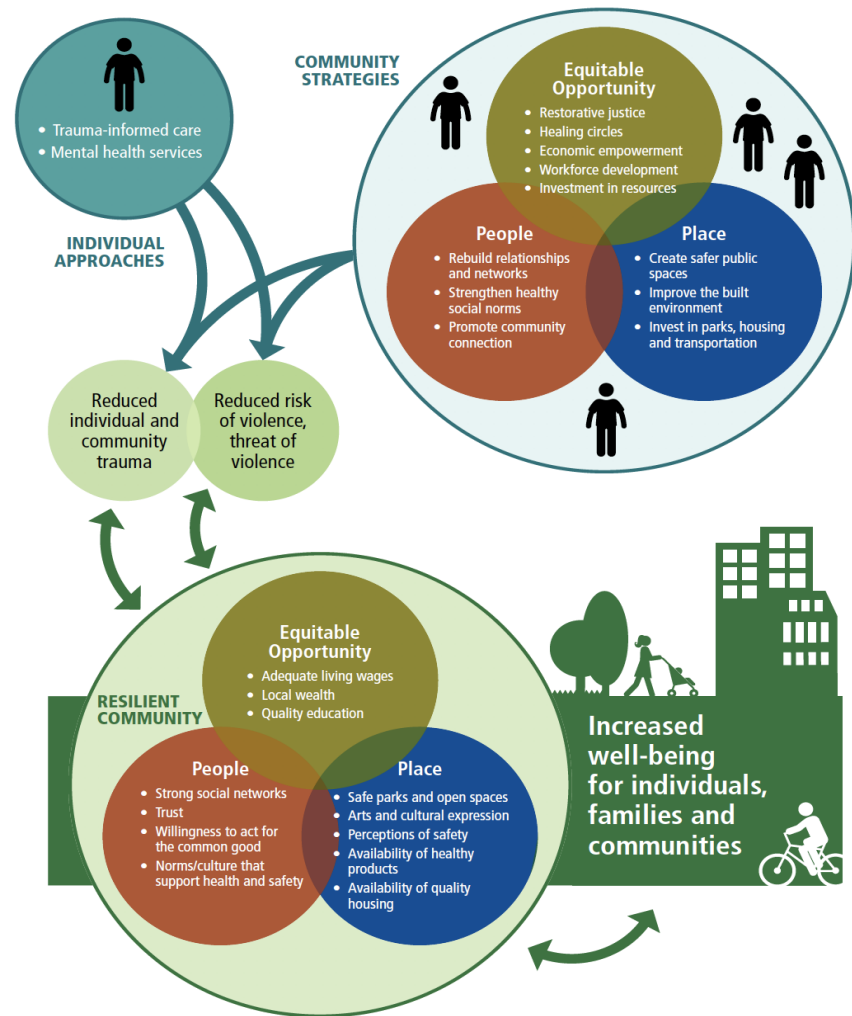
4

## ACTION

This Blueprint is ***rooted in a public health approach*** to preventing violence building on Milwaukee's assets through coordinated strategies that are comprehensive, actionable, and measurable.



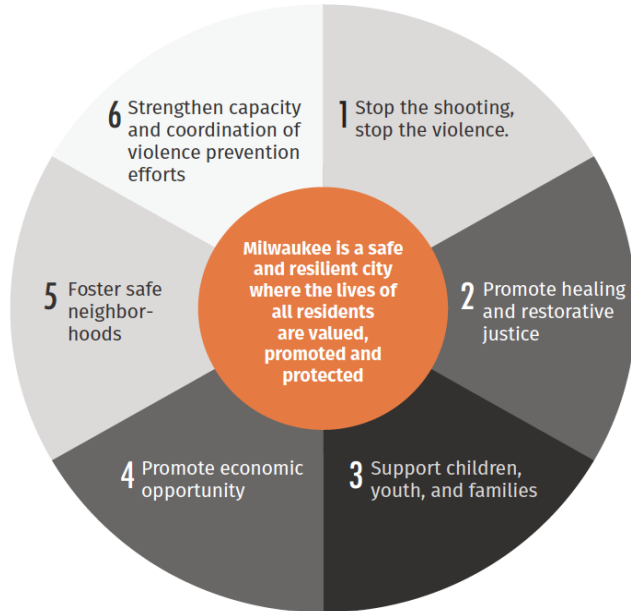
**Figure 5** Promoting Community Resilience: From Trauma to Well-being



# VISION

MILWAUKEE IS A **SAFE AND  
RESILIENT** CITY WHERE THE LIVES  
OF **ALL** RESIDENTS ARE **VALUED,  
PROMOTED, AND PROTECTED.**

# BLUEPRINT GOALS



1. STOP THE SHOOTING. STOP THE VIOLENCE

2. PROMOTE HEALING AND RESTORATIVE JUSTICE

3. SUPPORT CHILDREN, YOUTH, AND FAMILIES

4. PROMOTE ECONOMIC OPPORTUNITY

5. FOSTER SAFE NEIGHBORHOODS

6. STRENGTHEN CAPACITY AND COORDINATION OF VIOLENCE PREVENTION EFFORTS

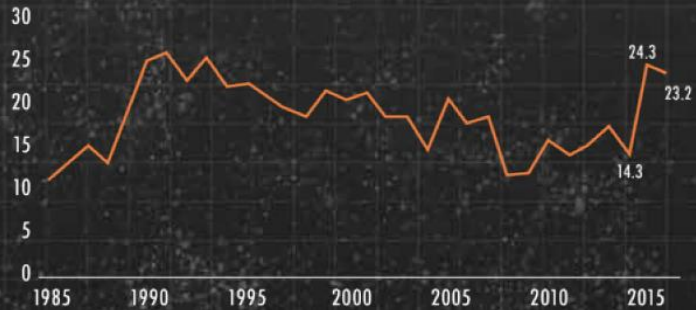


# PRIORITY NEIGHBORHOODS

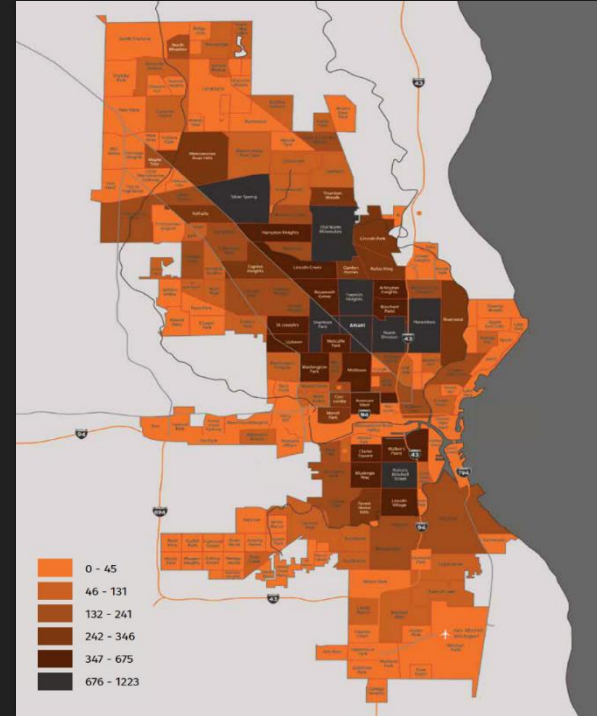
## APPENDIX F: DATA FROM 2014 TO 2016 FOR SIMPLE ASSAULTS, AGGRAVATED ASSAULTS, NONFATAL SHOOTINGS, AND HOMICIDES

OLD NORTH MILWAUKEE	1233
HARAMBE	1090
FRANKLIN HEIGHTS	896
SILVER SPRING	872
NORTH DIVISION	835
AMANI	799
SHERMAN PARK	722
HISTORIC MITCHELL ST.	715
LINCOLN VILLAGE	675
MIDTOWN	643

FIGURE 2. HOMICIDE RATE PER 100,000 IN MILWAUKEE, 1985-2016



Data Source: FBI UCR, 1985-2014; MHCRC, 2015; MPD, 2016





# GOAL #1: STOP THE SHOOTING STOP THE VIOLENCE

We must prevent gun violence, including homicides and non-fatal shootings, through strategic, timely, and coordinated efforts among residents and first responders. Timely data regarding the factors and location of violence is essential to identify hotspots of violent activity in the city and inform prevention efforts. Focused interventions must be implemented pre-incident, during an incident, and immediately following an incident to reduce the likelihood of continued violence. Individual and community support post-incident is critical to reduce the impact of violence among those directly impacted through physical or emotional trauma. These interventions are critical for preventing retaliatory violence, and decreasing the likelihood of future incidents. Illegal gun possession increases the likelihood

and lethality of violence and the Blueprint calls for the reduction of illegal access to guns for multiple forms of violence, including domestic violence, armed robbery, and suicide. Training for first responders and other providers (e.g., educators, mental health providers, law enforcement, etc.) to reduce implicit bias<sup>44,45</sup> and micro-aggressions<sup>44,47</sup> reduce the likelihood and lethality of systemic violence. This goal will leverage evidence-based street outreach strategies by training members of the community to anticipate where violence may occur and intervene before it erupts. It will also leverage and expand proven hospital-based intervention programs. Further, this goal includes strategies to prevent domestic violence through improved lethality assessment and safety planning.

## GOAL #1: STOP THE SHOOTING, STOP THE VIOLENCE

### Recommended Strategies

#### 1. Use of timely, comprehensive data to prioritize prevention efforts

- a. Enhance local capacity to access, analyze, and utilize violence-related data from a variety of sources, including local emergency departments, emergency medical services, law enforcement, trauma centers, and the Milwaukee County Medical Examiner.
- b. Conduct regular reviews of incidents of violence in coordination with public health, hospital, law enforcement, and community partners.

#### 2. Reduce incidence of violence through proactive prevention efforts

- a. Utilize evidence-based outreach and violence interruption strategies to mediate conflicts, prevent retaliation and other potentially violent situations, and connect individuals to community supports<sup>58</sup>. These strategies include violence interruption and focused deterrence in neighborhoods and schools.
- b. Improve lethality assessment and safety planning measures to prevent domestic violence homicides and suicide.<sup>59,60</sup>
- c. Continue Milwaukee Police Department training in the areas of crisis intervention, fair and impartial policing, and procedural justice.
- d. Expand implicit bias and micro-aggression reduction and de-escalation training to include first responders, mental health providers, community health workers, and other partners.
- e. Offer localized and culturally responsive crisis intervention support and referral services to prevent suicide and suicidal behavior.<sup>61</sup>

#### 3. Respond to immediate individual and community needs post-incident

- a. Expand support services for survivors of violence through hospital-community partnerships and hospital-based violence intervention programs.<sup>62</sup>
- b. Expand post-incident trauma healing supports, including community events and critical incident debriefing for victims, witnesses, and first responders connecting them to appropriate community supports.

#### 4. Decrease illegal gun availability

- a. Conduct dialogue and education to promote evidence-informed policies related to gun ownership and possession.
- #### 5. Promote violence prevention as a way of life
- a. Support and promote individual capacity for conflict prevention, de-escalation and proactive bystander practices in schools and neighborhoods.

## Relevant Indicators

- Establishment of data-use agreements between relevant public and private agencies.
- Number of hospital-based violence intervention programs and services
- Number of critical incident reviews conducted
- Number of violent assaults in priority schools and neighborhoods
- Number of nonfatal shootings in priority neighborhoods
- Number of fatal shootings in priority neighborhoods
- Number of repeat violent injuries within a 12-month period in priority neighborhoods
- Awareness and use of post-incident services available to individuals and families in priority schools and neighborhoods.
- Number of firearm related injuries.



# Use of timely, comprehensive data to prioritize prevention efforts.

## STRATEGY 1

A. Enhance local capacity to access, analyze, and utilize violence-related data from a variety of sources, including local emergency departments, emergency medical services, law enforcement, trauma centers, and the Milwaukee County Medical Examiner.

B. Conduct regular reviews of incidents of violence in coordination with public health, hospital, law enforcement, and community partners.



CARDIFF MODEL



## *Reduce incidence of violence through proactive prevention efforts.*

### STRATEGY 2



- A. Utilize evidence-based outreach and violence interruption strategies to mediate conflicts, prevent retaliation and other potentially violent situations, and connect individuals to community supports. These strategies include violence interruption and focused deterrence in neighborhoods and schools.
- B. Improve lethality assessment and safety planning measures to prevent domestic violence homicides and suicide.

# MILWAUKEE VIOLENCE PREVENTION PARTNERSHIP

- ❖ Movement Building
- ❖ Capacity Building
- ❖ Alignment
- ❖ Communications
- ❖ Data and Evaluation
- ❖ Collaboration


- ❖ Advocacy
- ❖ Funding Alignment
- ❖ Cross Sector  
Engagement



# HEALTH SYSTEM to PREVENT VIOLENCE

www.violenceepidemic.org

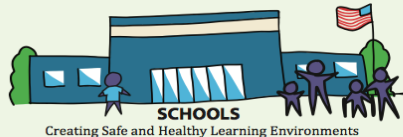
Violence is among the most significant health problems that exist in the United States not only because of death and injury, but also because of the harm, fear, and trauma caused to families and communities. It leads to a broad range of mental and physical health problems that disproportionately impact children, youth, and communities of color. This visual representation of a health system to prevent violence is derived from the Framework created by the Violence as a Health Issue Collaborative, which is led by David Satcher, MD, MPH; Al Sommer, MD, MHS; and Gary Slutkin, MD and includes representatives from over 40 cities, 40 national organizations, and over 400 health and community practitioners. It depicts a city-wide strategy for addressing violence of all forms as the health issue that it is with contributions from every sector. This framework is designed to guide local community organizations and agencies that can be supported by federal and state partners. Coordinated implementation of these strategies with an equity lens will work to address detrimental inequities to improve outcomes for all communities.

 = Outreach workers, violence interrupters, hospital responders, and community health workers

## ENSURING AN EQUITY LENS

Ensuring greater benefit and less burden for marginalized communities by:

- Changing perceptions
- Increasing accountability
- Aligning resources in partnership with communities



### SCHOOLS

Creating Safe and Healthy Learning Environments



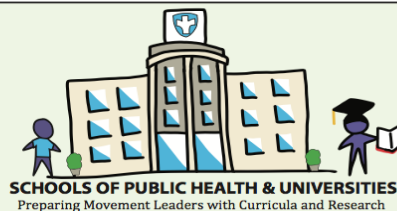
**MENTAL HEALTH**  
Promote Accessibility for Greater Well-Being



**ACADEMIC MEDICAL CENTERS**  
Advancing Research on Violence Prevention



**FAITH-BASED INSTITUTIONS**  
Educating and Healing Communities



**SCHOOLS OF PUBLIC HEALTH & UNIVERSITIES**  
Preparing Movement Leaders with Curricula and Research



**PUBLIC HEALTH DEPARTMENTS  
IN PARTNERSHIP WITH ELECTED OFFICIALS**  
Coordinating and Developing Interventions



**HOSPITALS AS ANCHOR INSTITUTIONS**  
Ensuring Quality Care, Outreach and Follow Up



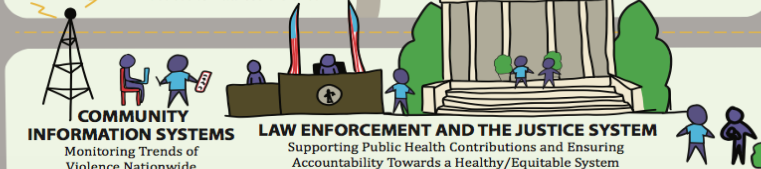
**COMMUNITY ORGANIZATIONS**  
Holding Systems Accountable and Providing Comprehensive Interventions



**COMMUNITY RESIDENTS**  
Leading the Local Movement



**SOCIAL SERVICE PROVIDERS**  
Utilizing Community-Centered Practices to Address Violence



**COMMUNITY INFORMATION SYSTEMS**  
Monitoring Trends of Violence Nationwide

**LAW ENFORCEMENT AND THE JUSTICE SYSTEM**  
Supporting Public Health Contributions and Ensuring Accountability Towards a Healthy/Equitable System

**EMERGENCY DEPARTMENTS AND ACUTE CARE FACILITIES**  
Identifying and Supporting Individuals and Families at Risk



**HEALTH CARE SYSTEM**  
Incorporating Violence Prevention in Economics and Policy

**BEHAVIORAL HEALTH CARE**  
Providing Trauma-Informed Services for Improved Outcomes

**EARLY CHILDHOOD DEVELOPMENT CENTERS & THE CHILD WELFARE SYSTEM**  
Addressing Trauma to Start Off Strong

**PRIMARY CARE**  
Establishing a Safe Environment and Making Connections

**MEDIA**  
Changing to a Health Narrative





Jamaal E. Smith, MPA  
Community Injury and Violence  
Prev Manager

[jasmith@milwaukee.gov](mailto:jasmith@milwaukee.gov)



Arnitta Holliman MS, LPC  
Director, Office of Violence Prev.

[arnitta.holliman@milwaukee.gov](mailto:arnitta.holliman@milwaukee.gov)



Kweku TeAngelo Cargile Jr.  
Youth Injury and Violence Prev. Coor.

[tcargile@milwaukee.gov](mailto:tcargile@milwaukee.gov)

<https://city.milwaukee.gov/414Life/Blueprint>



PreventionInstitute.org



@preventinst



**PREVENTION**  
INSTITUTE

# Research Study

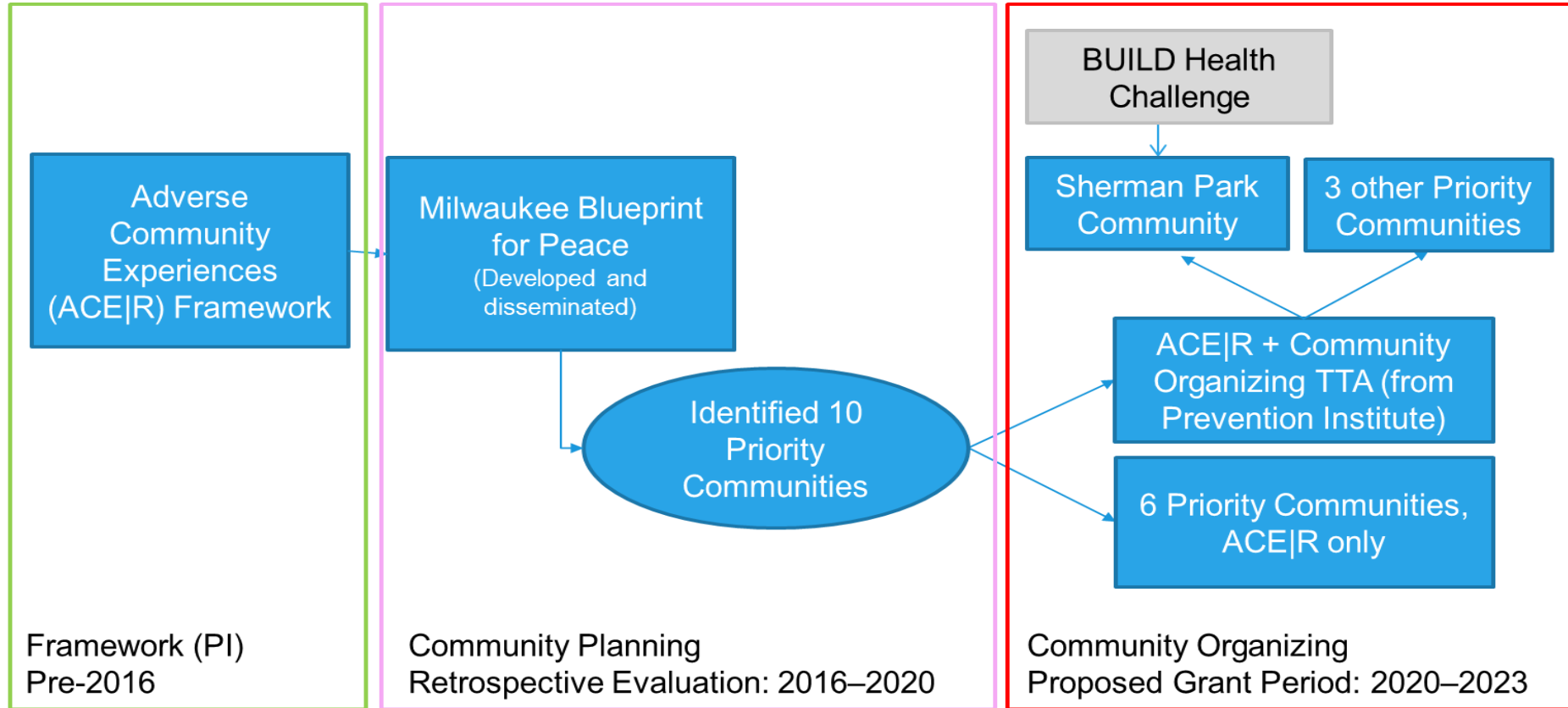
RTI International



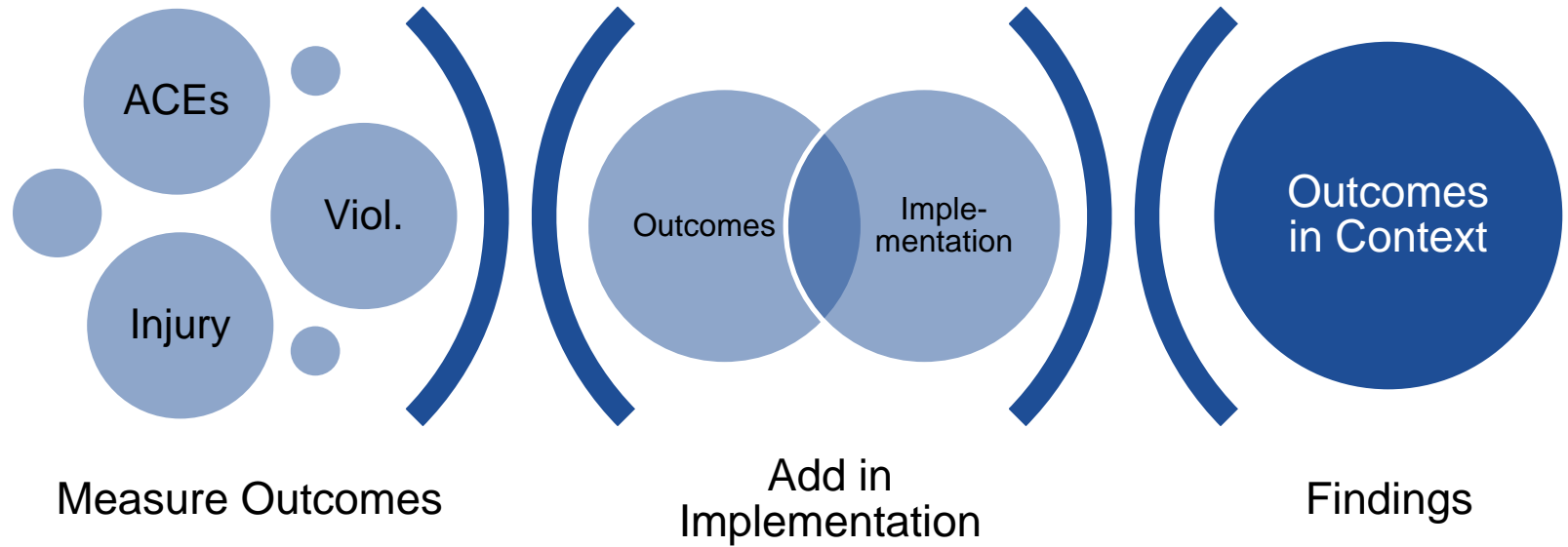
# Project Aims

1. **Retroactively** measure ACE|R implementation effectiveness **on child abuse and neglect** and **youth violence** in Milwaukee using an idiographic clinical (ICT) approach.
2. **Prospectively** test the **comparative effectiveness** of the ACE|R framework/Milwaukee Blueprint for Peace plus community organizing in 10 priority communities on community-level child abuse and neglect and youth violence using ICT.
3. Use a **Hybrid Type 1 effectiveness-implementation design** to explore the **barriers to and facilitators of implementing community organizing** within the ACE|R framework in a large metropolitan area (Milwaukee).

# Retrospective and Prospective Study Design (Aims 1 & 2)



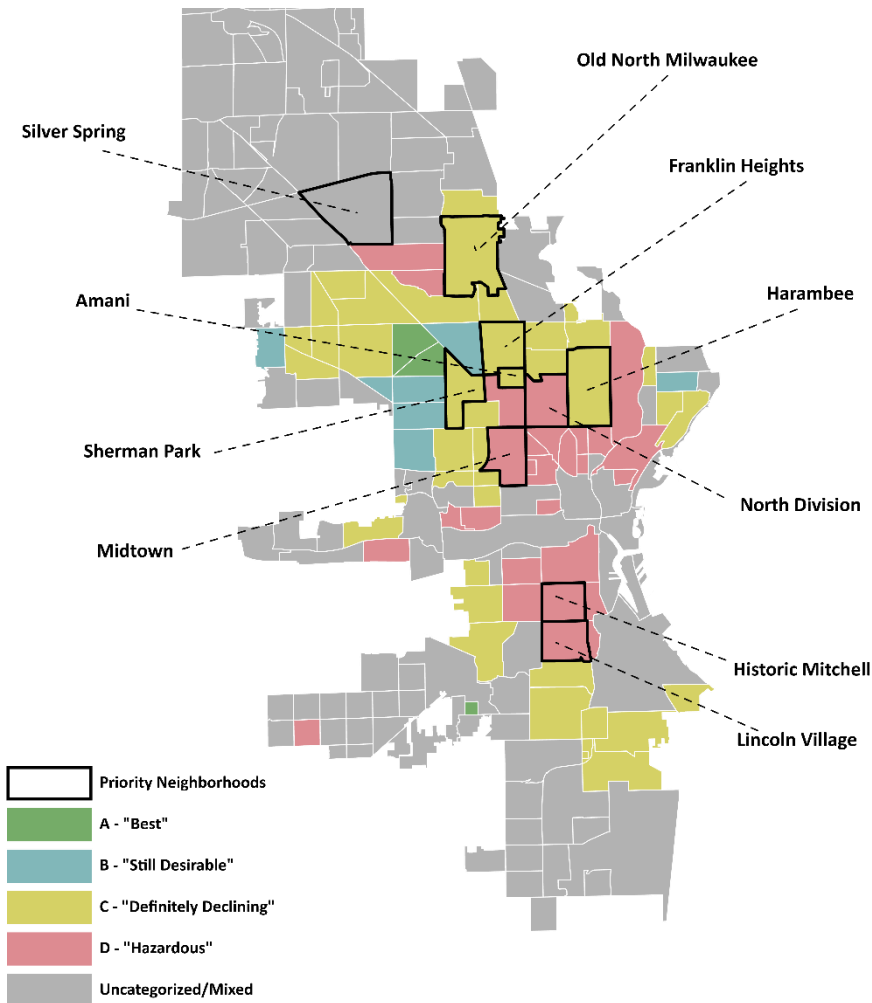
# Hybrid 1 Design (Aim 3)



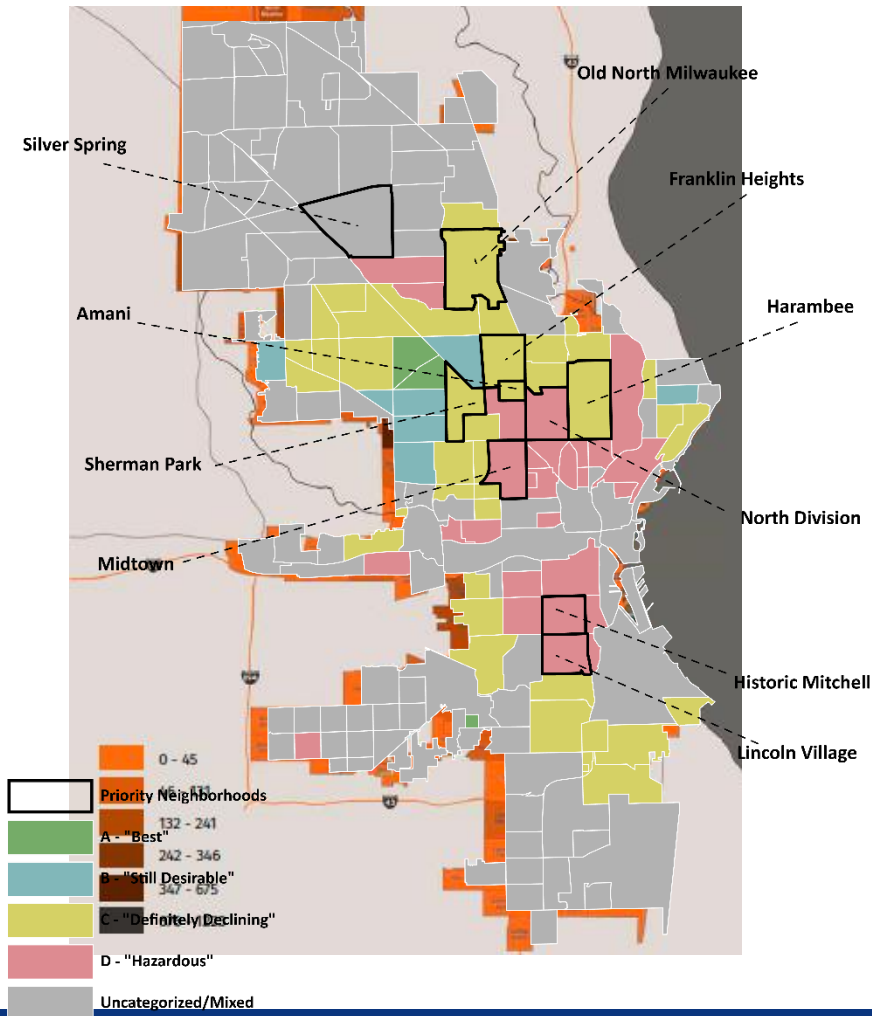
Inputs	ACER Activities	Outputs	Outcomes
<b>Prevention Institute</b> Adverse Community Experiences and Resilience Framework	<b>Development of Milwaukee Blueprint for Peace</b>	# of Community meetings for Blueprint planning	Increased community organization
	Community needs assessment and readiness assessment		
<b>Milwaukee City and County</b>  Milwaukee Office of Violence Prevention (OVP) Resident Advisory Councils Milwaukee City offices  Community-Based Organizations (CBOs)	Identified 10 Priority Communities	# agencies and CBOs engaged in Blueprint	Increased awareness of violence prevention strategies
	<b>Implementation of Milwaukee Blueprint for Peace</b>		
	Implement community communication plan to increase awareness, accountability	# of Resident Advisory Councils	Increased nonviolent community norms
	Create coordination of prevention efforts across initiatives and sectors	# Community engagement events	Reduced ACEs/ child abuse and neglect
<b>RTI International</b>  Surveillance data  Hybrid 1 Trial/ Implementation data	<b>Community Organizing Training and Technical Assistance</b>	# of Intensive Interventions (violence interruptions, Trauma Response referrals, etc)	Reduced youth violence
	Provide education, training, and technical assistance to Priority Community members		
	Creation of sustainable data collection and data reporting of Community Indicators in Priority Communities		Development of safe and health communities



# Historical Impacts of Redlining on Violence



# 2014 - 2016 Simple Assaults, Aggravated Assaults, Nonfatal Shootings, And Homicides







# Progress



## Completed

-  **IRB approval**
-  **Systematic review of archival materials**
-  **Retrospective stakeholder interviews**
-  **Blueprint for Peace implementation and community organizing TTA planning**

## Ongoing

-  **Surveillance data selection**
-  **Creation of ArcGIS Mobile data collection tool**
-  **Documentation of community events**
-  **Participation in TTA Design Team meetings**



## Contact Us:

Dr. Phillip Graham | email: [pgraham@rti.org](mailto:pgraham@rti.org)

Dr. Anna Yaros | email: [ayaros@rti.org](mailto:ayaros@rti.org)

Dana Fields-Johnson, MPA | email: [dana@preventioninstitute.org](mailto:dana@preventioninstitute.org)

Jamaal E. Smith, MPA | email: [jasmith@milwaukee.gov](mailto:jasmith@milwaukee.gov)

# Thank you