



STRATEGIC PLAN 2020-2025

Playbook

Midterm Goal 1:

Communities are equipped to deliver trauma-informed practices and invested in preventing trauma.



Context: Strategic Plan 2020-2025

In October 2020, the Health Foundation for Western and Central New York announced a new vision statement and strategic plan that will guide the work of the Health Foundation through 2025. An extensive planning process that began in 2019 has resulted in a new organizational vision statement, as well as three long-term goals and corresponding mid-term goals to pursue that vision. **Our new vision is a healthy central and western New York where racial and socioeconomic equity are prioritized so all people can reach their full potential and achieve equitable health outcomes.**

The Health Foundation's mission will continue to be improving the health and health care of the people and communities of western and central New York. The plan also reaffirmed the Health Foundation's commitment to young children impacted by poverty; older adults; and the community-based organizations that serve them.

Our new vision will be pursued through a set of long- and mid-term goals. This playbook provides an overview of why we chose a specific goal, and how we plan to pursue it.

Midterm Goal 1: Communities are equipped to deliver trauma-informed practices and invested in preventing trauma.

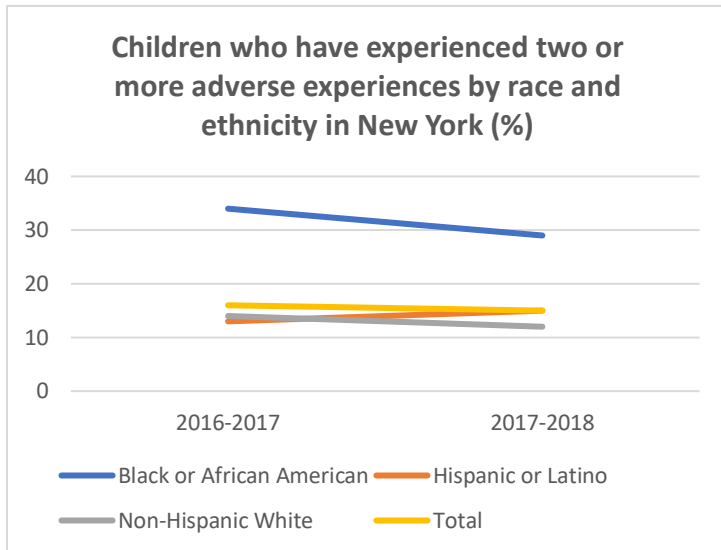
The Health Foundation for Western and Central New York is well-positioned to serve as a leader in supporting trauma-informed care for children, families, and older adults. The Health Foundation's work to-date on trauma has focused on young children and has raised the profile of trauma locally. This has corresponded with an increasing awareness nationally of the lifelong impact that trauma has on children's physical and mental health.

However, there is much less awareness and understanding of how trauma impacts older adults. How does it relate to their emotional well-being, susceptibility to elder mistreatment and abuse, and their end-of-life wishes? The Health Foundation has built relationships with experts in trauma, and, using the lessons learned from Co-Creating Well-Being, plans to lead the region in exploring and understanding how trauma impacts older adults, while continuing to invest in efforts to prevent and mitigate childhood trauma.

BACKGROUND

Adverse childhood experiences (ACEs) can have significant long-term consequences for physical and emotional health. The risk from ACEs is cumulative. As an individual's ACEs score increases, so does their risk for premature death. There were ten ACEs identified in the CDC-Kaiser Permanente Study that first looked at how early childhood experiences affected health across the lifespan. Five of the original ten ACEs are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect—and five are related to family members; a parent or caregiver who is an alcoholic, a parent who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the loss of a parent

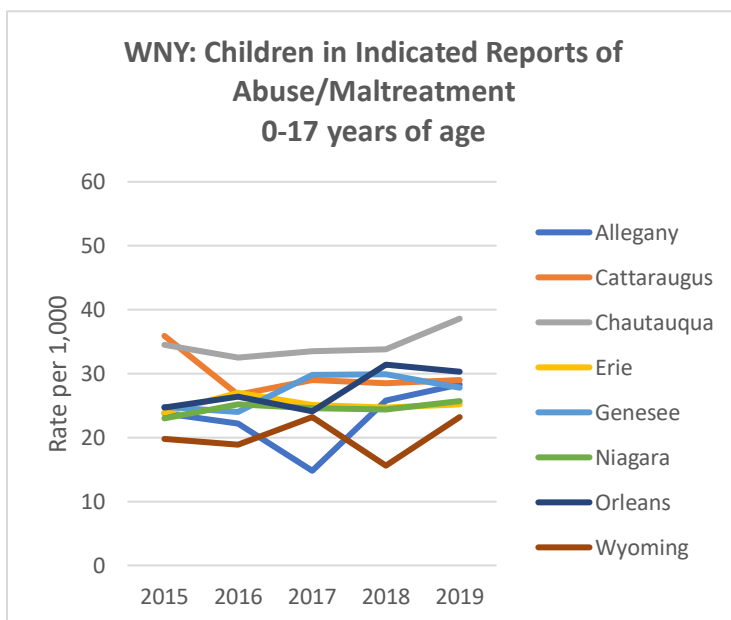
through divorce, death or abandonment. Subsequent work on ACEs has expanded the list to include natural disasters, as well as poverty-related traumas such as chronic housing instability and food insecurity. This study found that ACEs are relatively common. Two-thirds of participants reported experiencing at least one ACE, and over 20 percent reported experiencing three or more ACEs.



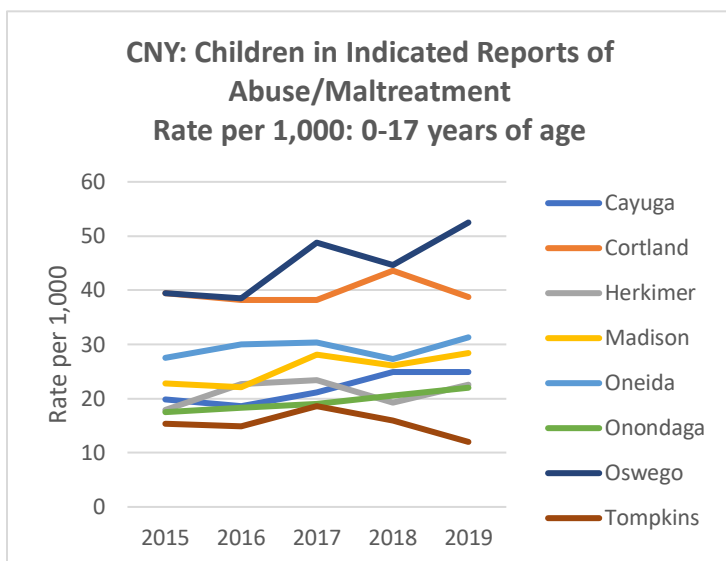
Disparities: Children in New York State who are Black are more than twice as likely as non-Black children to experience two or more adverse childhood events. This disparity has remained relatively stable, as have total levels of ACEs.

Living in poverty and experiencing trauma are both influential risk factors for young families. Poverty presents challenges such as food insecurity, inadequate housing, decrements in school readiness and educational attainment, and a lack of preventative health and dental care.

There are approximately 15 million children living in families experiencing poverty in the US. This represents 21 percent of all US children. Black, Native, and Hispanic children are twice as likely to live with chronic scarcity as white children. In western New York, rates are even higher, with over 30 percent of children under the age of five living in poverty. In Syracuse, 44 percent of children live in poverty, and the city consistently is ranked as one of the poorest cities in America.



Trauma in western and central New York Most of the core ACEs are forms of child abuse and maltreatment that can result in a family becoming involved with the child welfare system. Using reports of abuse/maltreatment as an indicator serves as a proxy measure for understanding rates of ACEs in our community. This indicator also relates to future work under



this midterm goal related to preventing ACEs; the most preventable ACEs are ones related to parenting.

Looking at the two regions the Health Foundation serves, rural counties tend to have the highest rate of indicated reports.

Long-Term Health Impact on Mothers and Children

Chronic stress, either from chronic scarcity or traumatic exposure, can have long-lasting effects for both mother and baby. Stress is a contributory factor to the development of diabetes, obesity, and hypertension in women, patterns of which may emerge during pregnancy in the form of gestational diabetes and preeclampsia/gestational hypertension.

Mothers of color are at increased risk for developing these conditions, and infants of mothers with such risk are also at risk for similar conditions across their lifespan. The CDC-Kaiser study found that adults who had experienced four or more ACEs in childhood were at substantially greater risk for negative health outcomes as adults. Some of these negative health outcomes are related to unhealthy behaviors, such as smoking and drug and alcohol abuse, which are also higher among people with higher ACEs scores. However, some, like obesity, depression, cancer, heart disease and diabetes are linked to the physiological changes that are a result of high ACEs scores and chronic stress.

Given the potential for serious long-term physical and emotional problems as a result of ACEs, it is critical to intervene early to mitigate these effects by building resilience. There are a number of key evidence-based strategies that are effective in reducing the impact of ACEs on children:

- Helping children develop strong, healthy relationships with trusted adults builds their support system and can help reduce the impact of trauma.
- Teaching children healthy coping skills, such as mindfulness exercises and breath awareness, can help equip them to manage their stress which reduces the physical impact of chronic stress as well as building their sense of competency to cope with stressful events.
- Parents and other caregivers have the greatest opportunity to support children and reduce the impact of ACEs, as well as potentially prevent future ACEs. Parent education and parent supports help provide skills to parent effectively and can offer emotional support for caregivers who are coping with their own trauma.

- Poverty is closely linked to trauma, and a number of ACEs are directly linked to poverty. Supporting pathways out of poverty prevents subsequent ACEs and can provide greater stability, which reduces the impact of ACEs on children.

WHAT THE HEALTH FOUNDATION HAS DONE TO DATE TO ADDRESS THIS GOAL

Co-Creating Well-Being: The Health Foundation's work on trauma-informed care grew out of work done by Cohort 6 of the Health Leadership Fellows program that involved building a western New York coalition to educate service providers about trauma-informed care. Their work revealed that many health and social service providers did not have a good understanding of trauma and its lifelong impacts on physical and mental health. This led to the Health Foundation commissioning a scan of local service providers to better understand the local landscape of trauma-informed care. This scan, completed in 2017, found that there is a significant lack of trauma-specific services available for mothers and children under five. **Co-Creating Well-Being** was designed specifically to address this gap and increase access to trauma informed care for families with children under five. CCWB provides training and technical assistance around human centered design to community based organizations serving children and families. The goal of the project is to develop better trauma-informed care services by combining evidence-based best practice and community insights through the process of co-design.

Other Strategies: Prior to CCWB, the Health Foundation engaged in exploratory work related to trauma-informed care. Some of this work was explicitly trauma-informed, while other work directly addressed ACEs but did not use a trauma-informed framework.

Some of the explicit trauma-informed work has focused on training and education, such as the Trauma-Informed Community Initiative of WNY Coalition. This network of individuals from community organizations is working to develop and implement a Greater Buffalo Trauma-Informed System of Care Community that mobilizes resources in education, prevention and response to deal with the multi-dimensional aspects of trauma. Additionally, several Maternal and Child Health Hot Spot grants supported pilots of trauma-informed programs for pregnant and parenting women who are in substance use recovery programs.

In addition to this work that explicitly used the language of trauma-informed care, the Health Foundation has supported a number of parenting programs that can build parenting competency to mitigate and prevent ACEs. This strategy directly relates to the indicators for this midterm goal; building parents' competencies around parenting reduces the likelihood of child abuse, maltreatment and neglect.

2020-25 STRATEGIES

Continue Current Role in Co-Creating Well Being

The Health Foundation is committed to supporting Co-Creating Well Being through 2022 to increase the capacity of community-based organizations to deliver trauma-informed care. The structure of the project includes a learning community to share best practices and lessons

learned amongst grantees. Additionally, the evaluation strategy for CCWB includes “feedback loops,” which are opportunities for the grantees to hear what we have been learning so far and share their thoughts on the process.

Raise Understanding of, and Support, Trauma-Informed Practice in Areas with Gaps

To further understand the current state trauma-informed care in our region, the Health Foundation has commissioned a landscape scan to deepen our understanding of county-level child welfare systems and the funding practices and current interventions being used, especially those that look to prevent and mitigate child abuse and neglect. This information will be used for planning next steps for efforts to address childhood trauma.

Support Effective Interventions Linked To ACEs Prevention

The Health Foundation has supported a number of evidence-based parenting programs that equip parents with the skills to parent effectively. This reduces the likelihood that families will become involved with the child welfare system and prevents further ACEs. These investments have generally been the product of responsive grantmaking. As we learn more from our experience with these programs, we will look to either continue responsive grantmaking or bring to scale programs that have the best outcomes.

Convene Efforts and Disseminate Best Trauma-Informed Practices

At the conclusion of Co-Creating Well-Being, the Foundation will develop public-facing information to share what we have learned and highlight strategies that have been successful. In addition to this, we plan to collect stories from grantees to “put a face” to this work and raise awareness of the impact of ACEs, as well as effective best practices for mitigating the impact of ACEs.

We are envisioning holding a large-scale event in 2023 to showcase the work of our grantees in mitigating and preventing trauma, share learnings and evidence-based practices from other communities, and connect the conversation on trauma to older adults, social isolation, and elder abuse.

Research Trauma-Informed Practices and Programming in Older Adults

The Health Foundation has begun to explore the experience of trauma in older adulthood, specifically related to elder mistreatment. The National Collaboratory to Address Elder Mistreatment, as part of a multi-year national effort launched by the John A. Hartford Foundation and the Gordon and Betty Moore Foundation, has launched a national pilot to test the Elder Mistreatment Emergency Care Model. This innovative model was designed to help hospital emergency departments identify elder abuse victims and those at risk, address the mistreatment, and then connect these vulnerable older adults to people and groups in their community that can follow up and provide support and resources. Our foundation has partnered on this project by supporting Eastern Niagara Hospital’s participation as one of six hospitals in the national pilot.

Trauma in older adults encompasses both trauma experienced throughout the lifespan that may uniquely manifest in later life, such as Holocaust survivors who hoard food or refuse medical treatment, as well as traumas experienced as an older adult, such as maltreatment and abuse by a caregiver. To better understand trauma in later life, the Health Foundation intends to conduct a literature review to deepen our understanding, as well as an external scan of any current ongoing efforts. The literature review and scan, in addition to learning from the National Collaboratory, will serve as launching points to working with stakeholders to develop an evidence-based, community-informed strategy path.

Advocacy

Finally, there is a great deal of advocacy work to be done to help improve the identification, treatment and prevention of ACEs for vulnerable children. Some possible targets for advocacy:

- ACEs screening: California’s Surgeon General is using the state’s Medicaid dollars to pay for universal ACEs screenings for children on Medicaid. Early identification of ACEs allows for earlier intervention, and often reduces the need for more expensive treatments later on, as well as improving quality of life.
- Some counties require non-custodial parents to pay for court-mandated supervision with their children. This contributes to a cycle of inequity and disadvantages parents who lack financial resources, as well as potentially setting up those parents to lose visitation entirely. This family disruption is harmful to the children and exacerbates the impact of the toxic stress of not having contact with a parent.

As we learn more about trauma in older adults and elder mistreatment, we will also work to identify and advocate for regulatory and policy changes that support stronger efforts to detect and address trauma among older members of our community.

KEY PERSONNEL

Marnie Annese—Program Officer overseeing Co-Creating Well Being and other ACES-related grants.

Ken Genewick—Program Officer overseeing participation in the National Collaboratory to Address Elder Mistreatment, and development of future program strategies to address elder abuse.

Jessy Minney—Program Development and Evaluation Manager overseeing evaluation of Co-Creating Well-Being, and contributing to development of future program strategies across the mid-term goal.

Diane Oyler—working with program team on future program development and working with CCNY to produce landscape scan of service system.