

Prioritizing Equity and Community Wellbeing in the Wake of Catastrophic Events

Trauma-Informed Systems and Long-Term Systems Change

August 2021

In the first weeks and months of the COVID-19 pandemic, news outlets and other media portrayed the pandemic as a great equalizer, its impacts felt equally among individuals and community members regardless of race, income, or social status. But community members quickly realized (and data backed them up), that this was not the case. The brunt of the pandemic has fallen on Black, Indigenous People of Color (BIPOC) and communities. Concurrently, we are in the midst of a national uprising calling for racial justice and accountability in the face of ongoing violence against Black Americans, and increasingly, Asian and Pacific Islander Americans. While facing these adversities, communities and local governments have an opportunity to implement bold and broad change.

Longstanding racism and the harms caused by the COVID-19 pandemic create significant strains on mental wellbeing. The pandemic has exacerbated multiple risk factors for suicide and childhood trauma including job loss and financial stress, social isolation, and access to healthcare. As communities seek to prevent suicide and adverse childhood experiences (ACEs) in response to these and other catastrophic events, we need to advance sustainable systems that:

- Apply a racial equity lens
- Recognize and address the impacts of community trauma
- Center community healing
- Address community conditions
- Strengthen partnerships between communities and local governments

Prevention Institute's [Adverse Community Experiences and Resilience Framework](#) can support communities in moving toward these goals.

Written by Prevention Institute

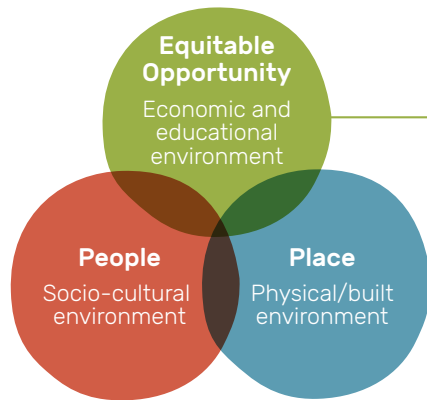
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This brief builds upon two recent peer learning forums: [Trauma-Informed Systems: Supporting your community and essential city workers during and after COVID-19](#) (held on February 17, 2021), and [Prioritizing equity and community wellbeing in the wake of catastrophic events](#) (held on April 13, 2021). It explores how local government agencies have integrated internal- and external-facing trauma-informed practices and implemented long-term systems change to address community needs during recent infrastructure disruptions. In this brief, systems refers mainly to public systems such as public health, education, and transportation, among others.

KEY POINTS: EMERGING LEARNINGS FROM THE FIELD

- Changing systems and community-level approaches are important levers to prevent childhood trauma and suicide, particularly among marginalized communities.
- By examining existing patterns in public system outcomes, we can identify where and how they are producing inequities and trauma to begin the process of reversing those trends.
- Holding systems accountable is necessary to move toward restoration, healing, and participation in a joint vision for safe and healthy communities.
- Building community voice and power within neighborhoods is essential to reframe and shift systems for long-term, equity-focused change.
- Returning to “business as usual” after a catastrophic event such as the COVID-19 pandemic will not work for many communities that have been intentionally or unintentionally disadvantaged, and residents must be part of building the pathway to thriving communities with equity at the center.



Symptoms of Community Trauma

- Intergenerational poverty
 - Long-term unemployment
 - Relocation of businesses & jobs
 - Limited employment
 - Disinvestment
- Deteriorated environments and unhealthy, often dangerous public spaces with a crumbling built environment
 - Unhealthy products
- Disconnected/damaged social relations and social networks
 - The elevation of destructive, dislocating social norms
 - A low sense of collective political and social efficacy

The Adverse Community Experiences and Resilience Framework as a Lens to Address Current Catastrophic Events

Over the past 18 months, BIPOC communities have faced unprecedented challenges from the COVID-19 pandemic and ongoing racial injustices that are increasingly in the nation’s consciousness. Nationally, Black, Latino, Native Hawaiian and Pacific Islander, and American Indian or Alaska Native communities have had significantly higher COVID-19 infection and death rates than others and are more likely to bear long-term health and economic consequences.¹ In addition to the physical health impacts of COVID-19, we are increasingly aware of its strain on mental health. For example, during the past 15 months, younger adults, people of color, essential workers, and unpaid adult caregivers have reported increased thoughts of suicide.² Emerging data shows a spike in suicide rates among Black Americans in certain locales and increased emergency department visits for suspected suicide attempts among young people.^{3,4,5} These and other populations are of growing concern for elevated risk of suicide and with a need to counteract factors such as social isolation, financial stress, racism and community trauma.

At the same time, the increased attention on violence toward BIPOC communities—against Black Americans in the wake of the murder of George Floyd in Minneapolis, and against Asian and Pacific Islander Americans due to COVID-19-related racism—has shed light on the realities of structural racism, and opportunities to address it through systems change.

When individuals and communities experience catastrophic events that prevent them from being able to meet their basic needs, they experience trauma, which can have significant and lasting impacts on health and wellbeing. With communities across the country grappling with simultaneous catastrophic events that began unfolding in the spring of 2020, it is more important than ever to examine challenges with an eye toward long-term solutions. Prevention Institute’s Adverse Community Experiences and Resilience Framework explains how exposure to both interpersonal violence and structural violence contribute to trauma at the individual and community levels. Trauma can manifest as symptoms within individuals and across communities, such as in disconnected social relations and networks, chronic and concentrated poverty, and disinvestment in neighborhoods (see *Symptoms of Community Trauma*). Many of these symptoms of trauma are risk factors for suicide and childhood trauma, including job loss and financial stress, social isolation, and access to healthcare. The framework offers strategies to support community healing and build community resilience (see *Elements of a Resilient Community*) so that communities can thrive, even in the context of adversity. For many communities dealing with multiple levels of trauma, healing is a starting point for community agency, which is necessary for effective collective action to find solutions that improve community health.

Systems change is about advancing equity by shifting the conditions that hold a problem in place.

Elements of a Resilient Community



existing gaps (increase in evictions, need for rental assistance, lack of healthcare for undocumented community members, etc.) and increased levels of individual and community trauma. Addressing this requires systems to recognize the role they have historically played in creating inequities and trauma through a comprehensive approach that includes working in partnership with community members. Developing trauma- and healing-informed systems is a strong first step to address the stressors exacerbated by the pandemic, prevent re-traumatization, and build community resilience.

Healing as a Starting Point for Community Agency

Healing approaches can take a wide range of forms that operate on both the individual and on the community level. For example, individual healing may involve trauma-informed care and mental health services, while community healing may involve healing circles and vigils or instituting restorative justice practices and community dialogues that acknowledge transgressions and identify solutions for moving forward. These approaches will look different in each community, but many of the most successful approaches draw on culturally based knowledge and practices, including indigenous, Black, and Latino cultural practices, values, and traditions. By engaging community members across generations, these practices help communities reconnect to, reaffirm, and celebrate cultural identity.

Examples of Trauma Informed Approaches

Across the country, local government agencies and organizations are integrating public- and internal-facing trauma-informed practices into their COVID-response efforts, including addressing racial injustice, to support residents and their workforce. The COVID-19 pandemic has been an unprecedented experience for many, particularly essential workers, including city and local government workers who are often deployed to respond to community needs at the frontlines of a crisis. In a recent report by the Centers for Disease Control and Prevention, essential workers describe experiencing disproportionately worse mental health outcomes and increased suicidal ideation and substance use.⁶

Systems that support communities are stressed and stretched thin, and this has exposed and exacerbated

The following are examples of local communities building resilience and healing into systems to address short- and long-term needs.



BALTIMORE

In the wake of a school shooting at Frederick Douglass High School in West Baltimore in February 2019, students called on City Councilmembers, including former schoolteacher Zeke Cohen, to change their thinking and approach to safety. The shooting was a traumatic event for students and the city and brought attention to disinvestment in local schools and deteriorated infrastructure including malfunctioning heating, lack of clean drinking water, and other symptoms of community trauma. The shooting led to a Council hearing on violence that elevated voices of the youth most impacted by this incident and highlighted the long-standing challenges they face in Baltimore. While traditional solutions such as increasing police presence in schools or installing metal detectors were floated, the young people wanted nothing to do with these measures; they demanded a stronger focus on preventing violence before the fact. This included addressing some of the community conditions that are risk factors for violence, including substance use, poverty, and other issues.

The City Council listened and worked with the young leaders for over a year—hosting meetings across the city in schools, libraries, and rec centers—to develop legislation to decrease and prevent trauma in the city. One of the outcomes of this work was the introduction of the Elijah Cummings Healing City Act by Councilmember Cohen in July 2019. Its passage made Baltimore the first

city in the country to legislate trauma-responsive care. The bill did three things:

- Created a citywide task force to devise a strategy to reduce trauma across Baltimore
- Implemented training of all Baltimore city agencies so that city staff understand trauma and effective responses
- Asked all Baltimore city agencies to review and report on their policies and procedures to reduce re-traumatization in their interactions with the public

Baltimore recognizes that no solution will work without the involvement of community members, especially young people like those that called the city to action. The COVID-19 pandemic has exacerbated trauma across the city but it has also created new opportunities, relationships, and a sense of urgency. Community engagement has helped Baltimore heal from decades of trauma, racism, and violence and become a place where residents and city workers can thrive.

This work has evolved into a movement now known as Healing City Baltimore, which connects neighbors across the city who advocate healing as a way to pursue a racially, socially, and economically just and thriving Baltimore. Today, Healing City Baltimore is training city residents on how to respond to trauma, hosting summits on community building and healing, and enhancing connections between neighbors through the Baltimore Neighbors Network.



Luis M. Aroche

During Prevention Institute's [Trauma-Informed Systems: Supporting your community and essential city workers during and after COVID-19](#) webinar on February 17, Luis M. Aroche, HEAL SF Project Manager, shared a personal story to remind us why it's so important to support the city and public workforce.

My 9th grade teacher saved my life. My home was right in the middle of a gang warzone. My neighborhood park was right in the middle of a gang warzone. My high school was right in the middle of a gang warzone. My 9th grade teacher saved my life. I remember walking into class on my first day of school. My body was filled with adrenaline making me hypersensitive to my surroundings. My stomach growled from hunger and my face frowned sending the message to all that I'm not the one to mess with. My 9th grade teacher saved my life. Ms. Miranda was her name. She reminded me of a fairy tale godmother. She was kind, soft spoken and always present. She was always *presente*. My mom wasn't in a good place then and drank a lot. My 9th grade teacher saved my life. Every morning I would walk into school, throwing up gang signs, causing trouble, not listening.

Every morning Ms. Miranda would ask me if I'd eaten breakfast and would accompany me to the kitchen to get a bowl of cereal. I felt safe with her, I felt that she cared and saw my moods. Ms. Miranda was always present. Unfortunately I would drop out of high school and spend most of my teenage years in juvenile detention centers across California. I wrote to Ms. Miranda from the detention centers but eventually, we lost touch. But her kind words and her *consejos* guided me through some of the darkest moments of my life. Years later I ran into Ms. Miranda, and I asked her why she cared so much. Her response was perfect. *"You were not easy, you were mad at the world, and I knew I needed to be 100% present when you walked into school.*

Luis, you were a handful, but you deserved my attention. My mind, my emotions, my heart needed to be strong for you because with all that rage you carried inside you, I knew you were fragile and hurting. I knew you needed me to be there for you."



SAN FRANCISCO

Despite the many programs and services offered in San Francisco, the city still faces mounting inequities in terms of health and safety outcomes. To some within local government agencies, this was evidence that the system was failing, and that the system itself was producing trauma and inequities – by being reactive, causing residents to relive and retell traumas, and ultimately leading city agencies to compete for resources. To address these many layers of trauma, city leadership including the San Francisco Department of Children, Youth, and their Families and the Department of Public Health (SFDPH), along with other partners, initiated a process for the city to become trauma-informed and healing-centered with a focus on reflection and growth. Initially building on the work of SFDPH, HEAL SF focused on strategies to buffer, mitigate, and ultimately prevent organizational and systems-induced trauma in staff by creating tools and resources focused on communication, relationship building, and leadership. HEAL SF is working

on adopting, adapting, aligning, and spreading trauma informed systems training already in use by SFDPH to San Francisco's entire public service workforce – from teachers to librarians to bus drivers. The goal is to develop a common language and move away from seeing trauma as a pathology to seeing it as a collective experience requiring collective healing.



Peace4Tarpon

Founded by artist and former Vice Mayor of Tarpon Springs, FL, Robin Saenger, [Peace4Tarpon](#) is a grassroots effort to create a peaceful and thriving city by becoming a trauma-informed and resilient community. Peace4Tarpon uses a “trauma informed lens” to identify the root causes of the community’s most challenging issues—domestic violence, bullying, joblessness, homelessness, substance abuse, and many others—rather than simply addressing symptoms.

Peace4Tarpon has developed into a wide-ranging citywide effort which connects city agencies, community organizations, local business, and most importantly, community members in an ongoing effort to build a strong, resilient, and thriving town. The work is mostly

unfunded and relies on the volunteer strength and commitment of all partners to join together to connect, inform, transform, and heal in service to the community. Activities include workshops, community events, and trainings related to trauma and resilience. Lately, this has also included sharing the story of Tarpon Springs with other locales expressing interest in the model. Taking a collective impact model, Peace4Tarpon relies on adding trauma-informed and resilience building components to existing activities and programs to align them with healthier outcomes.



At the onset of the COVID-19 pandemic this work, still in its infancy, pivoted with the full support of Mayor London Breed to a goal of supporting and cultivating mental wellbeing for all those who live and/or work in San Francisco. With needs and traumas growing across San Francisco, the initiative brought in additional partners to identify best practices to support the city’s workforce, which was stretched thin. With a logistics team coordinating the effort to address the prolonged impact of COVID-19 on essential and frontline workers, they dealt with issues ranging from collective grief, remote work, financial anxiety, and fears about layoffs. HEAL

SF also recognized that while we all were experiencing adversity, individuals and communities were impacted differently based on structural disparities, inequities, and racism. As Luis M. Aroche, Project Manager for HEAL SF said, “We may all be in the same storm, but we’re in different boats.”

HEAL SF is currently training over 9,000 San Francisco employees, implementing trauma-informed, culturally-responsive practices, and leading a regional coalition to advance wellbeing and resilience beyond the city. HEAL SF supports the city’s ongoing recovery from the impact of mass trauma including the pandemic, wildfires, and ongoing racial injustice and racism.



Long-Term Systems Change to Address Multiple Challenges: Spotlight on Houston

Many cities are also taking a longer-term look at changing policies, engagement practices, and training to address major infrastructure disruption, such as COVID-19, wildfires, storms, and other disasters, and how they contribute to trauma. With pandemic recovery efforts underway, including \$4 billion recently allocated

through the American Rescue Plan Act that can be used to address community violence, mental health challenges, suicide, and substance misuse, states and local communities have an opportunity to set the course for healthier and more equitable development in the wake of COVID-19.

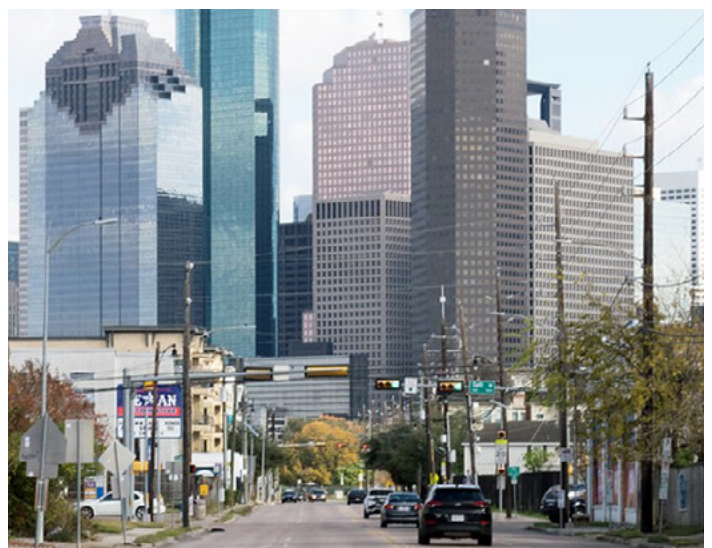
For many communities, recovery is not about returning to where they were before the COVID-19 pandemic or any other catastrophic event; often that reality was one of inadequate employment opportunities, deteriorated physical environments, and high rates of violence. Local governments, in partnership with residents, must redefine what an equitable recovery looks like, including using existing partnerships, momentum, and strategies to build systems that will help community members to heal and thrive.

In Houston, the COVID-19 pandemic arrived on March 5, 2020, when a cruise ship containing infected passengers docked at the port. This was when the local health department and its partners began to address immediate concerns as well as deeper, more systemic injustices. Residents knew that the pandemic was a serious matter when the city cancelled its annual Livestock and Rodeo show for only the second time since its inception in 1932. Closures of businesses came next, followed by surge after surge of infections and hospitalizations. Houston's sprawling, globally renowned medical center came close to exceeding available beds by June 23, 2020—not four months after the first reported case in early March.

The local government jumped into action to deal with the crisis and heal a city where many residents had been touched by the pandemic. City agencies came together to create a centralized call center to help community members in-need to navigate city services and resources including testing, unemployment services, food access, and eventually vaccination efforts. With a city as large and diverse as Houston, city and county officials understood that some neighborhoods were harder hit by the pandemic due to structural inequities, isolation, lack of access to health care, and interruption of access to basic necessities. In these neighborhoods,

trusted community messengers played an important role. The city relied on community- and faith-based organizations embedded in neighborhoods to share vital information about community needs and connect residents to response resources. This commitment to changing the way the city's systems traditionally operated came directly from senior leadership at the Houston Health Department (HHD). During PI's Prioritizing equity and community wellbeing in the wake of catastrophic events webinar on April 13, Deborah Moore, HHD Assistant Director for Human Services, shared this quote from HHD Director Stephen Williams: "We ensure that our relationships with partners mirror our values and we ensure that perfection does not stand in the way of good work. We stand to work with our partners and to build capacity in the community."

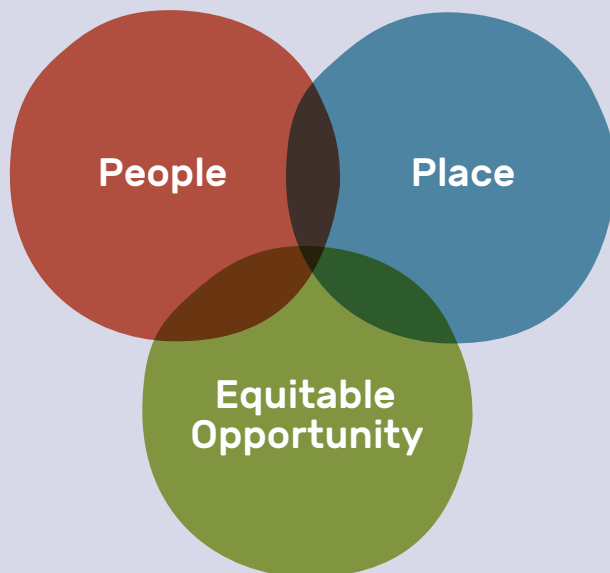
Since implementing changes and strategies to address short-term needs, the city hopes to continue this work in the long-term to address many of the challenges that have been illuminated by the pandemic but have always been present. The city has been able to overcome hurdles to get agencies to work together and be responsive in a timely manner, and plan to continue the "community cares philosophy" to bring equity to every neighborhood in Houston.



Additional Examples of Long-Term Systems Change to Strengthen Community Conditions

Following are additional examples of how agencies and organizations have strengthened community conditions, including during the COVID-19 pandemic. They are organized according to Prevention Institute's Tool for Health and Resilience in Vulnerable Environments, or THRIVE. THRIVE is a framework applied here to illustrate how structural drivers, exacerbated by infrastructure disruption like the COVID-19 pandemic, play out at the community level in terms of the social-cultural, physical/built, and economic/ educational environments, all of which comprise the determinants of health.

THRIVE



PEOPLE:

- **Social Infrastructure:** In times of crisis, community members especially turn to their existing social infrastructure – trusted local groups and institutions that already serve as connection points. During the COVID-19 pandemic, grassroots nonprofits and community-based organizations have stepped in to fill gaps, pivoting to help meet their communities' needs. For example, **Kokua Kalihi Valley Comprehensive Family Services** in Honolulu converted the warehouse that normally houses its youth bike shop into a food hub during the pandemic in response to widespread job loss in the Kalihi community.
- **Participatory Budgeting:** In St. Louis, a city-county partnership has leveraged a SAMHSA **Resiliency in Communities After Stress and Trauma (ReCAST)** grant to create community change and promote healing using a participatory approach. Select community projects are awarded through a participatory budgeting process, meaning that residents vote to decide how to spend the money.

PLACE:

- **Community Resilience Hubs:** The recently released report [Resilience Before Disaster: The Need to Build Equitable, Community-Driven Social Infrastructure](#), jointly released by **Asian Pacific Environmental Network, SEIU California, and BlueGreen Alliance**, calls for the development of Resilience Hubs, or physical spaces where communities gather, organize, and access social services on a daily basis, and that provide response and recovery services in disaster situations. The report highlights **RYSE Youth Center** in Richmond, CA as a model. RYSE connects youth to caring adults, one of the strategies in the [CDC's resource document on preventing ACEs](#).
- **Housing Stabilization:** We have seen local, state, and federal efforts to improve housing stability during the COVID-19 pandemic, such as emergency rental assistance and eviction and foreclosure moratoria. Housing stabilization policies can help to reduce suicide risk, and while many of the COVID-related policies are intended to be temporary, there are implications for program design beyond the pandemic. For example, in February, the **Department of the Treasury** released guidance that gives grant programs wide latitude in the type of documents they can accept to prove that an applicant qualifies for rent relief, including written attestations to prove COVID-related hardship, housing instability, and income when they are unable to produce official income statements, leases, and other documents. This shifts the emphasis from preventing fraud to quickly getting money into the hands of the people who need it most.

EQUITABLE OPPORTUNITY:

- **Strengthening Care Infrastructure Nationwide:** Strengthening household financial security has been shown to reduce the risk of both suicide and ACEs, and high-quality childcare is specifically included in the CDC's resource on preventing ACEs. The report [Building Our Care Infrastructure](#), released in Fall 2020 by **Caring Across Generations**, explains, "The COVID-19 pandemic has exacerbated the financial strain felt by parents and caregivers, especially Black and immigrant women who disproportionately provide care for others' families as well as their own." The report lays out a blueprint for moving forward, including actions such as securing universal access to childcare and paid leave and raising the federal minimum wage.

Related Resources

- Watch Prevention Institute’s webinar recordings: [Trauma-Informed Systems: Supporting your community and essential city workers during and after COVID-19](#) and [Prioritizing equity and community wellbeing in the wake of catastrophic events](#).
- View this video on [Building Healing Communities](#) featuring efforts in San Francisco, St. Louis, and Baltimore.
- Check out the websites of our partners leading the charge: [Healing City Baltimore](#), [HEAL SF](#), and [Peace4Tarpon](#).
- Check out PI’s resources related to the [Adverse Community Experiences and Resilience](#) framework, including the model, frequently asked questions, community profiles, and more.
- CDC’s [Suicide Prevention Technical Package](#) and [Adverse Childhood Experiences \(ACES\) Prevention Technical Package](#) share strategies with the greatest potential to prevent suicide and trauma based on the best available research.
- An accompanying [toolkit for preventing trauma and suicide during catastrophic events and beyond](#) offers a foundation for activities during periods of infrastructure disruption due to catastrophic events such as the COVID-19 pandemic. The toolkit’s suicide prevention modules offer communities and states guidance and tools to assess their local contexts, populations most impacted by suicide, and promising strategies.
- The [Return to Worksite Checklist for Leaders](#) is a guide for department heads, directors, managers, supervisors, and team leads in creating a safe, reflective, and welcoming environment for staff/teams returning to their worksite after deployment or remote work.
- [Trauma Transformed](#) is a regional and national center that advances trauma-informed and healing-centered system change through community- and cross-system collaboration that mitigates stress, trauma and oppression impacting our communities.
- In [Countering the Production of Health Inequities: Ensuring the Opportunity for Health for All](#), Prevention Institute has analyzed what has contributed to inequities to determine a pathway forward to produce health equity. It outlines roles for institutions, sectors, and systems to achieve an equitable culture of health across the United States.

Sharing resources and lessons learned across communities will help all of us navigate this period of uncertainty. This brief is part of a series of tools and trainings that support local government and community partners in preventing adverse childhood experiences and suicide, particularly during periods of infrastructure disruption. Additional resources and tools are available on [Prevention Institute’s website](#).

This project is supported by Cooperative Agreement No. 6 NU380T000305-02-03 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Human Services or the CDC.

¹ Reductions in 2020 US life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations. Theresa Andrasfay, Noreen Goldman. Proceedings of the National Academy of Sciences Feb 2021, 118 (5) e2014746118; DOI: 10.1073/pnas.2014746118. <https://www.pnas.org/content/118/5/e2014746118>.

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