The Road to Becoming a Trauma-Informed & Resiliency-Focused Local Health Department

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Knowing Your Why...

https://www.youtube.com/watch?v=LZe5y2D60YU
Why trauma, resilience, and equity

- Power Imbalances
- Loss in Community Cohesion
- Systemic Inequities
- Differences in Health Outcomes
- Mental Health Burden
- Lacking Trust & Relationships

RESILIENCY

- Collaboration
- Empower Individuals
- Safety & Stability
- Thriving Communities
- Healthy Individuals
- Cultural Equity

EQUITY WORK

- Empower
- Individuals

Healthy

Communities

Individuals

Empower

Cultural

Equity

Safety &

Stability

Thriving

Communities

Differences in Health Outcomes

Mental Health Burden

Lacking Trust & Relationships

Systemic Inequities

Loss in Community Cohesion

Power Imbalances
Creating a New Model

Historical Trauma & Social Location

Microaggressions, implicit bias, epigenetics

HI-5

Health Impact in 5 Years

Changing the Context
Making the healthy choice the easy choice

Social Determinants of Health

Counseling and Education
Clinical Interventions
Long Lasting Protective Interventions

School-Based Programs to Increase Physical Activity
School-Based Violence Prevention
Safe Routes to School
Motorcycle Injury Prevention
Tobacco Control Interventions
Access to Clean Syringes
Pricing Strategies for Alcohol Products
Multi-Component Worksite Obesity Prevention

Early Childhood Education
Clean Diesel Bus Fleets
Public Transportation System
Home Improvement Loans and Grants
Earned Income Tax Credits
Water Fluoridation
Not new, but different
fits into current portfolio
Stop Talking and Forge A Path
What does Implementation Look Like…

EXPLORATION
Competency
Leadership
Consider & Decide

INSTALLATION
Competency
Leadership
Plan & Prepare

INITIAL IMPLEMENTATION
Competency
Leadership
Learn & Strengthen

FULL IMPLEMENTATION
Competency
Leadership
Monitor & Manage

2-4 Years
Building Skills and Tools for Success

[Diagram showing various components such as Reliable Outcomes, Performance Assessment (Fidelity), Coaching, Systems Intervention, Facilitative Administration, Decision Support Data System, Leadership Drivers, Organization Drivers, Competency Drivers, Integrated and Compensatory drivers, Technical and Adaptive skills, Staff Selection, Training.]
for you
System Transformation

Transformed people transform their roles which ultimately transforms the system. A focus on systems is essential, but we can’t forget the people.
Should you start?

Yes! Where are your on ramps?
Our Path

Road map visual from a staff meeting in 2015? About PHAB things and equity
Experience working with partners through the collective impact model
Frequent conversations with board of health to prime pump about SDOH and health equity
Manager with an interest becomes health officer
ACEs and trauma knowledge leads into resilience
CHNA mental health; everyone is focusing on mental health
Increase PHAB alignment
Weaving equity thread through everything
Build leadership skills of leadership team members
Revitalize and combine community advisory groups to do more upstream thinking, not just checking boxes
Plot your next move

What is ONE thing you could do next week to improve readiness/gain altitude/gather parts?

What is ONE thing you could do before the end of the year?

Write these down on large post-it notes, put on chart paper.
Lessons Learned

Strong leadership skills to lead change, hold space for history, being able to reframe concepts and practices, listening and talking skills are crucial. Start with this team, internally.

Diverse leadership is essential. Diversity in thought, race, gender, age, professional background, life experiences, etc. If your leadership team doesn’t have this diversity, work to change it. Invite new people to the table to lead this, no official title necessary.

The best way to build trust to keep saying you are going to do what you said you would do. This is simple yet oh so challenging.

Don’t assume that those working in public health inherently get these topics.

People really must undergo personal growth to be able to see the world, their work, and those they serve differently. The default system tends to point to those burdened with health inequities as the problem when in fact it is systems and policies that keep them there. As PH professionals, we must be vigilant not to slip into old habits, remain stuck with one worldview, etc.

There is risk in being different, but we have usually been able to find that we can do much more within our true boundaries than we have been. We just have to be willing to work to the edges of those boundaries, explore the corners.

PH staff do not naturally have the skills to successfully lead a community coalition, advisory group, etc. These are specific skills to hone.

There is an appetite for this work, for the results of this work, there is support for it. You may not see it at first, but when you start doing things differently, people and partners with similar goals seem to come out of the woodwork.
Resources...

Health Equity Guide (Human Impact Partners)
https://healthequityguide.org/

Trauma Transformed
https://traumatransformed.org/

Public Health Awakened
https://publichealthawakened.com/

Kresge – Emerging Leaders in Public Health
https://kresge.org/elph
Questions?

Contact us...

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