WHEREAS, Building an Illinois that can thrive now and in the future requires a steady commitment to supporting the physical, mental, and emotional well-being of all of the State's residents; and

WHEREAS, Equitable strategies are needed to ensure that all residents have the supports at home and in their communities that build a well-being, buffer against negative experiences, foster resilience, and make it possible to thrive; and

WHEREAS, Trauma, which may include adverse childhood experiences and other experiences across the life-course, disrupts health and well-being, making it more difficult for people to reach their potential and participate fully in their communities; and

WHEREAS, The landmark Adverse Childhood Experiences (ACEs) Study identified a profound connection between poor health during a person's adulthood and ACEs, which include physical, emotional, and sexual abuse, physical and emotional neglect, and household stressors such as domestic violence, separation or divorce involving household members, substance abuse, untreated mental illness, or incarceration of a household
member; and

WHEREAS, ACEs studies have also found a strong correlation between the number of ACEs and a person's risk for health and social outcomes that include cancer, cardiovascular disease, diabetes, smoking, substance abuse, depression, obesity, unplanned pregnancies, low birth weight, suicide attempts, workplace absenteeism, unemployment, lower educational achievement, and lower wages; and

WHEREAS, Individuals with six or more ACEs are at risk, on average, to live 20 years less than those individuals with zero ACEs; and

WHEREAS, Findings from the Illinois 2017 Behavioral Risk Factor Surveillance Survey (BRFSS) Illinois ACEs Response Collaborative found that almost 60% of non-institutionalized adults in Illinois say they had at least one ACE; this number equates to almost five million Illinois residents; approximately 16% of Illinois adults reported four or more ACEs; and

WHEREAS, BRFSS data also showed that approximately 20% of African American adults in Illinois report four or more ACEs, compared to 15% of white residents; and
WHEREAS, ACEs are not the only potentially traumatic experiences that can influence health across the lifespan; extensive research demonstrates that community experiences such as gun violence, lack of educational or economic opportunities, poor or unaffordable housing, and lack of community cohesion can have the same detrimental effects on later health outcomes in individuals as ACEs; and

WHEREAS, These adverse community experiences are the result of historical traumas, such as slavery and genocides, and subsequent systemic inequities and oppression, such as racism; racism, which can include power inequalities, prejudices, stereotypes, discrimination, beliefs, and a systemic lack of access to essential supports including healthcare, has been directly linked to reduced physical and mental health in communities and individuals; and

WHEREAS, As a result of these historical traumas and subsequent systemic inequities, Black and Latinx residents in Illinois are more likely to live in neighborhoods with restricted access to essential resources such as education and economic opportunities, healthy food choices, safe and affordable housing, and behavioral and physical healthcare; like adverse childhood experience, these have all been linked to health and social outcomes that include reduced life expectancy, higher rates of infant and maternal mortality,
high rates of asthma, higher rates of lead poisoning, and higher vulnerabilities to public health pandemics, including COVID-19; and

WHEREAS, These health inequities have been compounded and exacerbated by the COVID-19 pandemic, which has disproportionately affected Black and Latinx communities in Illinois; Black and Latinx residents are more likely to contract and more likely to die from the disease than white residents; Black and Latinx Americans are also significantly more likely to have COVID-19 be a "major threat to their general health and well-being" than the overall population; and

WHEREAS, COVID-19 has exacerbated burnout, and its associated conditions such as secondary trauma and compassion fatigue have affected those in the health care, education, human service, and other community supporting workforces; and

WHEREAS, Immigrant and refugee populations have been under the additional strain of stigmatizing rhetoric and an immigration system that fosters fear, mistrust, isolation, and injustice; and

WHEREAS, Robust research demonstrates that positive supports and experiences, such as stable and nurturing
relationships and equitable access to food, housing, health care, financial resources, and other fundamentals of lifelong health and well-being can buffer against the effects of adversity and build resilience; and

WHEREAS, Resilience, the capacity to adapt and thrive in the face of adversity through strengths-based methods, can be built in individuals throughout the lifespan through trauma-informed, healing-centered care principles and practices such as trustworthiness and reliability, establishing physical and emotional safety, and providing opportunities for empowered decision-making; and

WHEREAS, Trauma-informed, healing-centered care is not a therapy or an intervention but is a principle-based, culture change process aimed at recognizing strengths and resiliency as well as helping people who have experienced trauma heal; and

WHEREAS, Implementing trauma-informed policies and practices mitigates the effects of workforce burnout, improves provider well-being, and leads to better outcomes for patients, students, and people engaged in human service and other community-supporting organizations; and

WHEREAS, Healthy and thriving communities are also
fostered through these same trauma-informed, healing-centered, resilience-building principles; and

WHEREAS, It has been shown to be cost effective and sustainable to build programs and policies that foster positive experiences and are dedicated to the prevention and mitigation of traumatic experiences and their potential effects on physical and mental well-being and health, particularly in childhood; and

WHEREAS, This can be seen in allocated resources, as well as the creation of policies that acknowledge trauma and its effects on the health of individuals and communities, and how historical and contemporary systemic oppression may lead to potentially traumatic events such as adverse childhood experiences and adverse community experiences; and

WHEREAS, Applying a trauma-informed and healing-centered framework to the development and implementation of public policies has the potential to create sustainable, scalable change; and

WHEREAS, The State of Illinois has previously recognized the impact of ACEs on its residents' health and how trauma-informed, healing-centered principles, policies, and practices can prevent and mitigate the adverse health outcomes
associated with trauma, such as Trauma-Informed Awareness Day in 2019, 2020, and 2021, the passage of the Children of Incarcerated Parents Bill of Rights, and the creation of the Whole Child Task Force introduced by the Illinois Legislative Black Caucus, as well as local resolutions recognizing Trauma-Informed Awareness Day in communities such as Winnebago County and the City of Chicago; and

WHEREAS, These same trauma-informed, healing-centered principles, policies, and practices must also recognize the detrimental effect that systemic oppressions such as racism can have on the health of individuals and communities and how these are, in fact, traumatic experiences with the same potential adverse health outcomes as ACEs; and

WHEREAS, The COVID-19 pandemic has made these systemic inequities more apparent and impactful, and a comprehensive response must recognize the role of racism and other oppressions in contraction of the disease, patient outcomes, and vaccine and treatment distribution; and

WHEREAS, The State's commitment to the support of a trauma-informed Illinois must be expanded to include recognition of the role that systemic policies and oppression have played in the creation and impact of trauma and communities; and
WHEREAS, This recognition must include a racially-just and healing-centered approach with an acknowledgment of the additional potential burden of trauma faced by Black and Latinx residents in Illinois and the United States; and

WHEREAS, The inclusion of recognizing the issue of systemic oppression and its impact on the creation of historical, community, and individual trauma will allow for a more thorough and effective response to reduce and eliminate health disparities in Illinois; and

WHEREAS, A trauma-informed, healing-centered Illinois can work to dismantle these systemic inequities and address the effects of racism and poverty, while working to prevent continued disparities; and

WHEREAS, This expanded definition of a trauma-informed, healing-centered Illinois enhances the ability of individuals and communities to adapt, cope, and thrive, including during difficult times, supporting the physical and mental well-being of everyone in Illinois; therefore, be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE HUNDRED SECOND GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we declare May 25, 2022 as Trauma-Informed Awareness Day in
the State of Illinois to highlight the impact of trauma and the importance of prevention of adversity and fostering individual and community resilience through trauma-informed, healing-centered care; and be it further

RESOLVED, That we encourage members of the General Assembly and their staff to incorporate trauma-informed principles, such as safety, trustworthiness, collaboration, strengths-based approaches, and social justice, into the policymaking process; and be it further

RESOLVED, That we encourage all officers, agencies, and employees of the State of Illinois whose responsibilities include individuals throughout the life course and communities, including the Office of the Governor, the State Board of Education, the Department of Human Services, the Department of Children and Family Services, the Department of Public Health, the Department of Juvenile Justice, and Department of Corrections to become informed regarding well-documented, short-term, long-term, and multi-generational impacts of adverse childhood experiences, toxic stress, systemic racism, and other potentially traumatic experiences for children, adults, and communities and to become aware of and implement evidence-based and racially-just, trauma-informed, healing-centered care practices, tools, and interventions that promote positive
experiences and racial justice to build resilience in
individuals and communities so that they will be able to
maximize their well-being and thrive.