Opportunities for Building Social Resilience through Public Health Practice

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“Strengthening social networks and social cohesion, building social resilience and supporting all public health efforts that build community are probably the most important long range strategies we have to avoid climate disaster.”

TOM ENGLE
Retired Health Department Director and Public Health Nurse
“Educating people on climate change and why we need to act must center on reconnecting and rebuilding respect, for each other and the earth. **Feeling connected to other humans and the greater world is central to good mental health.** Although no one knows exactly how to solve climate change, everyone holds a role in healing and protecting our communities.”

**DANNY MARTINEZ**  
Emergency Manager,  
Confederated Tribes of Warm Springs
When crisis comes we begin to see that community is the true and irreplaceable infrastructure.
STRATEGY 6

Use mixed methods to assess resilience

STATE

A. Expand local Resilience Planning Toolkit to include guidance on assessing community resilience (assets, strengths and adaptive capacity) and gathering diverse narratives as part of climate and health assessments.

B. Expand the climate-focused Social Vulnerability Assessment (SoVA) to include climate-related data and adaptive capacity measures.

C. Engage diverse partners, including indigenous communities, in identifying and generating meaningful qualitative and quantitative data to inform local and culturally appropriate climate action.

LOCAL

A. Increase the number of jurisdictions with local resilience assessments and plans.

B. Engage diverse partners, including indigenous communities, in identifying and generating meaningful quantitative and qualitative data to inform local and culturally appropriate climate action.
Indicators of Social Resilience to Climate Change

Literature review
- Bottom up: Classic literature in sociology and social and community psychology
- Top down: Recent disaster/preparedness literature, non-refereed articles and project-specific reports

Annotated bibliography
“Menu” of indicator categories, measures, and potential data sources
STRATEGY 4

Acknowledge and support programmatic activities that strengthen social networks and social cohesion

STATE

A. Collaborate with community partners to conduct a social resilience study that evaluates public health’s role and capacity to strengthen social networks and social cohesion in Oregon. This will identify existing activities that include social cohesion components and opportunities to increase these kinds of approaches in public health service delivery.

B. Share findings with partners and community stakeholders and develop short-term priority actions.

C. Implement priority actions that build social resilience components within public health programming.

LOCAL

A. Participate in the Public Health Division’s social resilience study by providing information about current local programming.

B. Identify and implement priority actions that strengthen social networks and social cohesion within public health programming.
In October of 2017 we surveyed state and local health department employees about:

- Their knowledge of social cohesion as a concept
- Strategies for building social cohesion
- Perceived barriers and training needs for building social cohesion as a public health strategy

We received 197 usable responses. The survey contained both closed-ended and open-ended questions. Responses to closed-ended questions were tabulated. Responses to open-ended questions were coded thematically.
In the section below, please identify up to 3 public health strategies for strengthening or building social cohesion within the communities you serve, either directly or indirectly. (Your responses may include strategies you have used or that you know of.) Then, using the sliding scale (with 0=no confidence and 100=high confidence), indicate your confidence in your ability to use each strategy.

Strategy 1

Strategy 2

Strategy 3
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Times Identified</th>
<th>Confidence Range (0-100)</th>
<th>Confidence Mean, SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building coalitions, <strong>partnerships</strong>, and community collaborations</td>
<td>27</td>
<td>15-100</td>
<td>73.6, 23.5</td>
</tr>
<tr>
<td><strong>Communication</strong>, Media campaigns</td>
<td>19</td>
<td>1-100</td>
<td>58.3, 25.3</td>
</tr>
<tr>
<td>Activities to reduce disparities or improve <strong>equity</strong></td>
<td>14</td>
<td>21-100</td>
<td>69.9, 25.4</td>
</tr>
<tr>
<td><strong>Input</strong> from community (e.g., community forums; dialogue session with community members)</td>
<td>13</td>
<td>3-100</td>
<td>47.3, 32.7</td>
</tr>
<tr>
<td>Participating or hosting community <strong>events</strong> or activities</td>
<td>12</td>
<td>5-100</td>
<td>62.3, 28.3</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disaster or Emergency Preparedness</td>
<td>8</td>
<td>1-100</td>
<td>57.8, 38.3</td>
</tr>
<tr>
<td>Assessment, data collection or monitoring</td>
<td>8</td>
<td>50-81</td>
<td>68.8, 12.0</td>
</tr>
<tr>
<td>Collective Action</td>
<td>4</td>
<td>81-100</td>
<td>88.7, 10.0</td>
</tr>
<tr>
<td>Building capacity or local leadership development</td>
<td>2</td>
<td>11-38</td>
<td>24.5, 19.1</td>
</tr>
</tbody>
</table>
Barriers

- Lack of funding
- Lack of time
- Constraining Structures
- Need for data/information
- Administrative prioritization
- Lack of equity

We could do a lot more but there's neither funding nor staff... Barriers include the bureaucracy in which stops us from being able to take off with great ideas.

I feel that the voices of our more vulnerable populations are sometimes not heard or brought to the table. I am not sure if we are really getting to the heart of peoples health concerns or are finding effective ways to improve the health of all people in an empowering way.

I am not knowledgeable about evidence-based public health programs to build social cohesion.

Administrative buy in. These things and relationships take time that is not directly measurable.
Resources & Training

Resources Generally Requested
• Funding (10)
• Communication (3)
• Data (3)
• Time (3)
• Outreach (2)
• Innovation (1)

Training Generally Requested
• Equity (9)
• Social cohesion (9)
• Prioritization (6)
• Outreach (4)
• Data (2)

“I think training is needed to define more specific goals that if achieved will directly result in more social cohesion. I also think employees need training to figure out how they will incorporate these goals into their daily routines and activities.”
STRATEGY 7

Increase the number of policies and plans that include health and climate considerations

STATE

A. Incorporate climate considerations into agency-wide planning (Statewide Health Improvement Plan and the Public Health Division’s Strategic Plan).

B. Provide guidance to local health jurisdictions on how to incorporate climate considerations into assessment and planning.

C. Conduct analyses of health impacts to assess and communicate the health burdens and benefits of proposed policies, including disparate impacts.

LOCAL

A. Integrate climate considerations into community health assessments, community health improvement plans (CHIPs) and other community and environmental health assessments.

B. Provide climate and health perspective in local planning projects being led by other non-public health agencies in the city or county.
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