

Opportunities for Building Social Resilience through Public Health Practice



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OREGON

Climate and
HEALTH

Resilience Plan

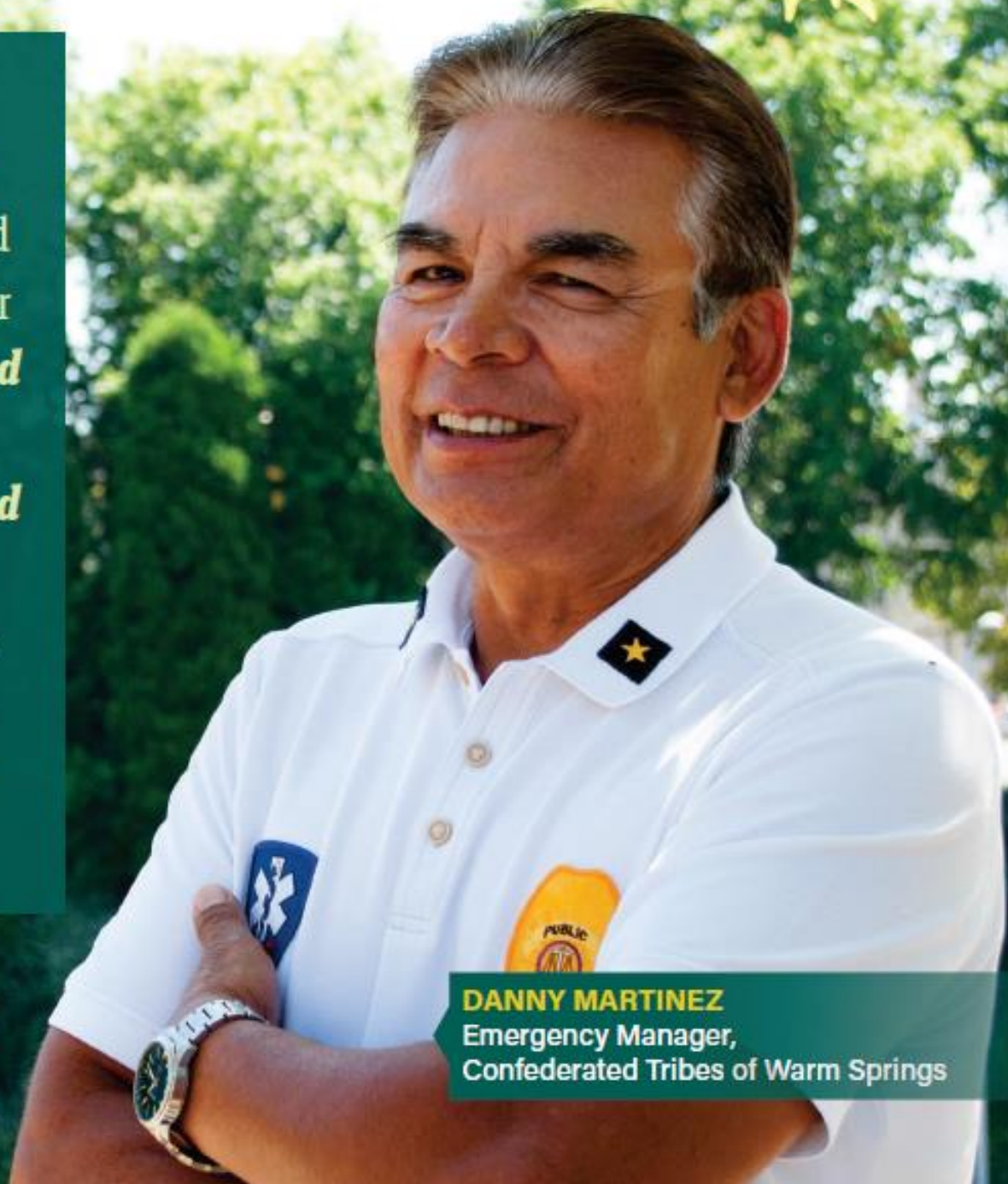
“Strengthening social networks
and social cohesion, building
social resilience and supporting
all public health efforts that
build community are probably
the most important long range
strategies we have to avoid
climate disaster.”



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

LOCAL



- 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.

- 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

LOCAL



- 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.

- 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.

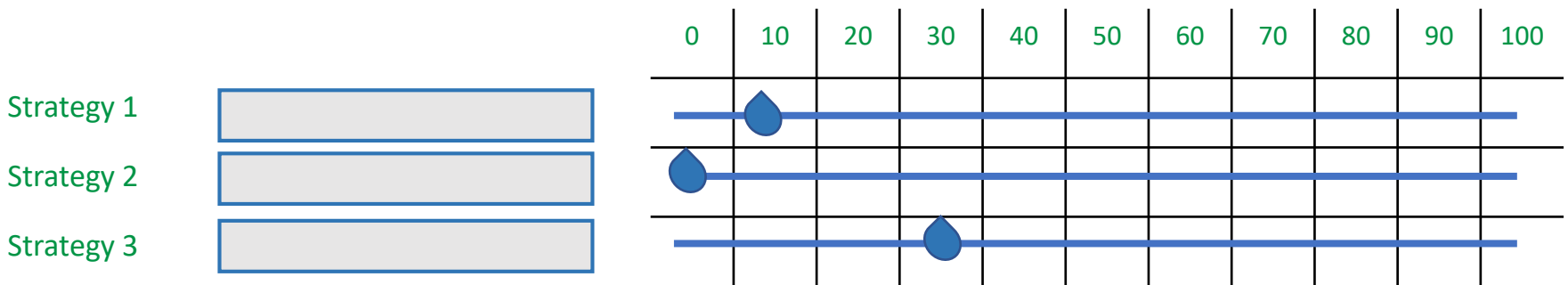
About the survey

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

Barriers

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

Time, training, and management approval.

Lack of financial and staff resources, lack of capacity.

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 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.

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.

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

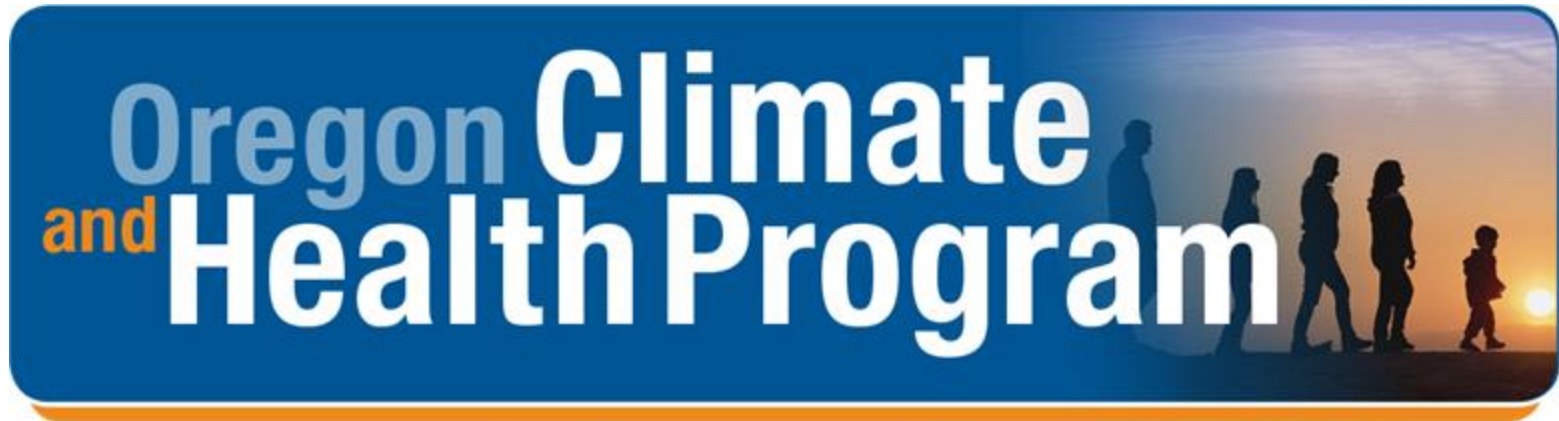
STATE

- 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.



healthoregon.org/climate

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