# Building Social Resilience Through Public Health Practice in Oregon

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## Introduction

Social connectedness can increase a community's resilience to trauma and disasters. (1) Disruptions in local communities are expected to increase as weather patterns change and more extreme events occur. Social networks within a community can be instrumental in mobilizing and responding to disasters, as well as in supporting overall health and well-being. (2)

Oregon's Climate and Health Resilience Plan identifies strengthening social networks and social cohesion as a strategy for building community resilience in Oregon. (3) Specifically, the plan called for a study of public health's role and capacity to strengthen social networks and social cohesion in communities that public health programs serve. The goal of the study was to identify:

- Existing activities that include social cohesion components, and
- Opportunities to facilitate community resilience in public health service delivery.

### Working definitions

**Social resilience:**
Capacity of a community to use its social capital to successfully anticipate and adapt to collective challenges and stressors in transformative ways. (4,5)

**Social capital:**
Assets and resources available through relationships and social networks. Implicit in this definition is that social activities and structures have tangible, economic value. (6)

**Social networks:**
Interdependent relationships between individuals and organizations that allow us to accomplish and access what we cannot on our own. Social networks foster trust and help with the flow of resources and information in a community. (7,8)

**Social cohesion:**
Degree to which members of a community feel connected, experience belonging and mutual trust, and work together for the common good (9) is a form of social capital.

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# About the study

Our key questions were:

1. What does the public health workforce know conceptually about social cohesion?
2. What strategies are the workforce using to build social cohesion currently?
3. What are their perceived barriers and training needs for building social cohesion as a public health strategy?

Using existing electronic mailing lists, we invited state and local public health employees to complete an anonymous, online survey in October of 2017. The survey was designed to elicit brief, qualitative comments through open-ended questions. However, the survey also contained some close-ended questions.

We received 197 responses. Responses to open-ended questions were coded and analyzed thematically. Responses to closed-ended questions were tabulated.

# Results

## Knowledge of social cohesion as a concept

Most respondents (61 percent) were at least moderately familiar with the term "social cohesion." When asked to define the term, 35 percent identified some element of working together for the common good, and 26 percent identified feeling connected or belonging. Less than six percent identified "mutual trust." Respondents also included the following as components of social cohesion:

- Communication (e.g., interaction, contact, information sharing)
- Inclusivity or equity, and
- Being a part of social structures and institutions.

## Strategies for building and strengthening social cohesion

Respondents were asked to identify up to three strategies used in public health to build or strengthen social cohesion. A total of 203 entries were submitted in this section. Table 1 presents strategies by frequency. Strategies are categorized by Public Health Modernization Manual (10) foundation capabilities. The table includes the average of respondents' confidence level to implement the strategies, based on a scale of 0-100. Higher scores indicate higher confidence. As seen in the table, a wide range of strategies were identified.

## Table 1. Strategies for building and strengthening social cohesion

| Foundational capabilities | Frequency | Average confidence (0-100) | Associated activities | Example of identified strategy |
|---|---|---|---|---|
| Leadership and organizational competencies | 24 | 65 | • Strategic planning<br>• Accountable systems<br>• Innovation | *"Stating the work has the intended purpose of building social cohesion"* |
| Health equity and cultural responsiveness | 25 | 64 | • Remove implicit bias<br>• Increase cultural competence<br>• Assure that services are available and appropriate for everyone | *"Interventions, initiatives, and programs oriented around social determinants of health"*<br>*"Identifying disparities and working to balance those."* |
| Community partnership development | 71 | 88 | • Coalition building and collective impact models<br>• Events and outreach<br>• Community input | *"Use funding to support joint projects between health departments and community-based organizations"* |
| Assessment and epidemiology | 11 | 70 | • Needs assessment | *"Monitoring of community issues"*<br>*"Community strengths / assets assessment"* |
| Policy and planning | 13 | 74 | • Community health improvement plans<br>• Policy change | *"Building support for Policies."*<br>*"Promoting policies that support cohesion"* |
| Communications | 28 | 58 | • Communication campaigns<br>• Community education | *"Improving access to online information"*<br>*"Using data to tell the story"* |
| Emergency preparedness and response | 9 | 58 | • Emergency preparedness training and practice events | *"Emergency preparedness training within groups (neighborhoods, social groups, etc."* |
| Specific interventions and other | 30 | | • Use community health workers<br>• Community gardens | *"Create community-based walking groups"* and *"Improving neighborhoods to encourage social cohesion"* |
| Don't know | 10 | | | *"This is such an important topic, but it was hard to think of strategies or connect it to my work"* |

Respondents often identified a community partnership development strategy (n=71), with a high level of confidence (mean=88). Communication strategies were also often identified (n=28). The average confidence for implementation, however, was low (mean=58). Measuring an indicator is an important step to improve it, but respondents who identified any assessment or measurement as a strategy was low (n=11). Likewise, practicing for emergencies can help to build social cohesion "muscle memory" between community organizations and members. The frequency, however, of participants who identified emergency preparedness strategies was also low (n=9). Lastly, 30 entries named specific interventions, services or programs by name. Because of the brevity of these text entries, the way in which these programs contributed to social cohesion could not be ascertained.

## Perceived barriers and training needs

Respondents identified multiple barriers to building social cohesion strategies into their work. **Lack of funding** was the barrier that was named the most often (n=20), followed by **lack of time** (n=14). For example, respondents noted that some staff members were overextended or had complicated schedules. **Constraining structures** of organizations or specific job roles was also identified (n=14). Other notable barriers include **lack of "know-how"** (respondents cited not knowing how to build cohesion or lacking specific information or expertise) and **lack of leadership** (administrative buy-in for building social cohesion was low or had not been prioritized among management). Finally, some respondents stated **lack of equity** as a barrier. For example, some participants expressed concern that, because of past and current discrimination, some population segments remain ignored or unrepresented.

***"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."***

***Buy-in from leadership, sustainable funding, support [from] leadership to work cross-agency and cross-sector.***

# Recommendations

1. Develop an engagement plan for integrating the science of social connection and population health into public health practice in Oregon. The engagement plan should include
   a. Developing communication tools
   b. Identifying key public health leaders and social resilience experts who can provide input
   c. Gathering public health practitioners from different program areas to discuss social resilience strategies, and
   d. Identifying formal and informal opportunities for discussion.
2. We recommend a curriculum be developed to increase the understanding and use of the following strategies:
   a. Measurement or assessment of social resilience indicators
   b. Use of community partnership strategies to build social cohesion, and
   c. Use of communication strategies.
3. Money and time were the most frequently identified barriers to incorporating more social cohesion components into public health practice. Some respondents expressed organizational or job role constraints. Allowances for more flexibility may be one way to address these barriers. Community partners, however, may be more flexible or better equipped to engage in this work. Public health departments should explore how to leverage, support and honor community partners for their unique capacity to build social resilience within communities.

# Ideas for building social cohesion

# Endnotes


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