

The following outline suggests some steps for selecting interventions (actions/strategies/recommendations) to include in your plan. The next page suggests some criteria that you can use to prioritize potential interventions. Please adapt this process and the suggested criteria (add new ones or rephrase scoring guidance) to match the capacity and priorities of your jurisdiction.

Phase One: Identify interventions and develop selection process

- I. Compile a list of potential interventions. These can come from the Resilience Strategies Worksheet (coming soon), local plans and reports, stakeholder input, literature, etc.
- II. Determine selection process and draft selection criteria
- III. Gather input on the process and criteria from stakeholders and advisors

Phase Two: Apply criteria and make selections

- IV. Have multiple advisors (both internal and external community partners) apply the selection criteria to a set of interventions.
- V. Applying the criteria is a subjective process. Bring advisors together to discuss and resolve places of disagreement.
- VI. Select interventions that score highest among your team and advisors. For each intervention, identify potential implementers and present the list of higher scoring interventions to potential implementers for additional input.

Phase Three: Draft recommendations and seek more review

- VII. Remove, refine, or collapse the list of interventions based on the feedback received from potential implementers. Organize list of interventions based on your jurisdiction's existing priorities.
- VIII. Invite internal and external partners to provide comments on your draft plan. Be open to exploring additional interventions that may or may not have been on your original list.

Suggested Draft Selection Criteria

1. Demonstrated Need	
High	<i>An expressed need by stakeholders or implementers, Addresses health outcome priority in Oregon</i>
Medium	<i>Addresses a gap in existing practice</i>
Low	<i>Already partially addressed or in progress</i>
2. Feasibility	
High	<i>Political support and financial capital available</i>
Medium	<i>Reasonable way to begin implementation within a 5 year time period</i>
Low	<i>Costly or there's not a clear path to implementation</i>
3. Impact	
High	<i>Prioritized hazard, high number of people potentially served</i>
Medium	<i>Decreases health disparities, actions are specific</i>
Low	<i>Lacks breadth or depth, lacks evidence of effectiveness</i>
4. Forward Thinking	
High	<i>Changes in policy, environments, social determinants of health</i>
Medium	<i>Involves a long-term/lasting adaptation of practice</i>
Low	<i>A more downstream/emergency response</i>
5. Far Reaching	
High	<i>Applies to multiple hazards, builds overall community resilience</i>
Medium	<i>Has clear co-benefits, builds adaptive capacity/institutional resilience</i>
Low	<i>Does not involve collaboration with community partners</i>

Example Strategies	Need	Feasible	Impact	Forward Thinking	Far-Reach	Total Score
<i>Launch & support community-led air quality monitoring program</i>	3	2	3	2	3	13
<i>Implement a community-wide safe destinations program for all hazards</i>	3	2	2	2	3	12
<i>Increase healthy homes outreach to include home safety improvements</i>	2	2	2	3	2	11