Crook County Health Department

By Lindsey Johnson, AmeriCorps VISTA, CCHD

Resilience Report 2021

[1]

Table of Contents

Executive Summary

To inform recommendations in this report, Crook County Health Department conducted a needs assessment which included a survey, informational interviews, and a brief literature review on best practices to promote resilience. This assessment focused on resiliency and recovery capacity needs among low-income populations in Crook County. Based on this assessment priority areas for future interventions were identified. Recommendations were also provided and include interventions at every level of the socio-ecological model: individual, relationship, organizational, community, and societal.

The goal of this report is to empower Crook County Health Department along with other Central Oregon stakeholders to advocate for and implement resilience initiatives across sectors in order to promote resilience from the COVID-19 pandemic, as well as create new norms of community resilience to respond to future disasters.

What is resilience?

There are many kinds of resilience including individual, relational, organizational, community, and societal resilience. Each type of resilience is important, as they interact and influence each other. The COVID-19 pandemic has pushed us to re-examine our resiliency at each level, and to take steps to promote it so that we can best respond to adversities in our day to day lives, as well as future disasters.

> ""Resilience is a process of positive adaptation in the face of adversity. It is nurtured through individual, relational, and community factors, which we call 'resilience factors.'"[2]

Methodology

Mixed methods were used to conduct the needs assessment that informs this report. Twenty-one semi-structured informational interviews were conducted with community organizations and agencies that serve low-income populations in Crook County. These interviews provided important qualitative data. Almost all community organizations that exist in Crook County were contacted, and the ones listed below are the ones with which we were able to connect.

Another component of the assessment includes a survey to measure resilience and identify priority areas among low-income populations in Crook County. This survey collected both qualitative data through open-ended questions, as well as quantitative data through the statement responses and demographic data. The resilience survey was self-administered in person throughout May 2021. More information on why the survey was chosen, how it was funded and administered, and survey content can be found in the survey methodology section below.

A literature review on best practices to promote resilience was also conducted to complement the data collected and inform future interventions. It is arranged by level of intervention in relation to the socio-ecological model: individual, relational, organizational, community, and societal.

The above components of the needs assessment informed recommendations at the end of this report.

Resilience Survey

Purpose of the survey

Resilience can be difficult to measure at any level because its determinants are varied. It was important to measure resilience through this survey so that we have baseline data to illustrate the efficacy of future resilience initiatives. This survey also aims to identify priority areas on which future initiatives should focus.

Survey Background

This survey was part of a needs assessment which focuses on resiliency and recovery capacity needs among low-income populations in Crook County. The survey was designed to ensure that low-income individuals had a direct voice in the assessment of their needs.

The content of the survey measures determinants of resilience such as social supports, access to material resources, sense of belonging, and self-efficacy. The survey itself was adapted from the Adult Resilience Measure (ARM), which was designed by the Resilience Research Centre.

An application was submitted to the Upstream Prevention Workgroup through the Central Oregon Health Council for a COVID-19 Mini Grant, which awarded $5,000 to fund this project. The grant funded gift cards to compensate respondents for their participation, translation of the survey, and donation to Mountain Star for their assistance in administering the survey.

We had support from community organizations including Family Access Network, Council on Aging, and Central Oregon Disability Network to share the survey opportunity on their social media accounts and with their client base and networks. This helped us reach our target population. We also utilized informational flyers, Crook County Health Department social media, and word of mouth to promote the survey opportunity in the community. While survey accessibility was certainly a challenge due to the pandemic, we more than doubled our goal of at least 30 participants.

Because the purpose of this survey was to measure resilience among low-income populations specifically, additional questions were added that related to social determinants of health. The original version of the ARM largely only focused on assessing levels of social support, so we added Basic Needs and Vital Services Index statements from the University of Kansas's Community Development Program to ensure access to material resources would also be measured. The addition of these statements included community resilience themes as well as individual and relational resilience measures. The survey we used is attached to this report.

Survey Methodology

Very few surveys or measurement tools exist to assess resilience. The Adult Resilience Measure (ARM) is one of the surveys that has been frequently used to measure resilience, so this measure was chosen due to its wide usage. Additionally, this measure has been used locally by Oregon State University Cascades and Better Together in their 2020 Resilience Report for Central Oregon school districts.[3] We have chosen to use the same definition for resilience that they referenced in their report.

In this survey, we define individual, relational, and community resilience factors as the following:

- **Individual** resilience "includes intrapersonal and interpersonal items." [4]

- **Relational** resilience "relates to characteristics associated with the important relationships shared with either a primary caregiver or a partner or family." [5]

- **Community** resilience is "a measure of the sustained ability of a community to utilize available resources to respond to, withstand, and recover from adverse situations." [6]

The combination of the two formats was a 27-statement survey that individuals answered on a Likert scale; they rated between 1-5 to indicate the degree to which they agreed with the statements. There were two optional questions at the end of the survey to allow respondents space to share any other comments about needs in the community, or in their life. The survey was available in both English and Spanish.

Individuals who participated in the survey were compensated through $50 grocery or gas gift cards to ensure accessibility and to demonstrate the value of their input and time. Participating individuals had to be over the age of 18, make less than $30,000 a year, and live in Crook County.

Over the course of May 2021, the survey was self-administered in person in the conference room of the Prevention and Health Promotion Team building. We partnered with Mountain Star Family Relief Nursery to administer 19 of the 63 total surveys during their home visiting programs, which expanded survey distribution and participation.

This survey will be administered annually over the course of three years to provide a baseline and then measure resilience and needs in the community over time. Because some of the funds dedicated for gift cards were not distributed this year, we intend to utilize them for next year's survey administration.

The results of the survey can roughly be grouped into three sub-categories: individual resilience, relational resilience, and community resilience. Themes in the survey content include levels of social support, access to community resources, sense of belonging, self-efficacy, and satisfaction of basic needs.

1) Relational resilience scores were the highest with an average of 87.9% of participants marking "quite a bit" or "a lot" in response to statements regarding relationships with family, friends, and social-emotional supports.

Average Relational Resilience Scores

Sample size: 63
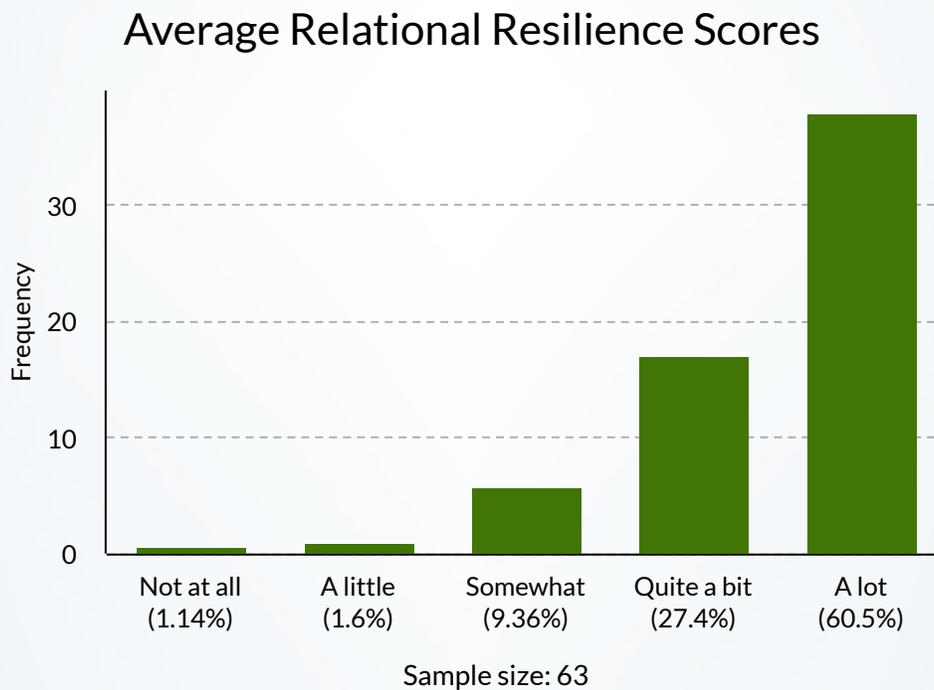
Figure 1: Relational resilience statements include statements such as "I talk to my family/partner about how I feel (for example, when I am sad or concerned)" and "I feel secure when I am with my family/partner"

2) Individual resilience scores were the second highest with an average of 80.6% of participants marking "quite a bit" or "a lot" in response to statements regarding self-efficacy, responsibility, and sense of belonging.

Average Individual Resilience Scores

Sample size: 63
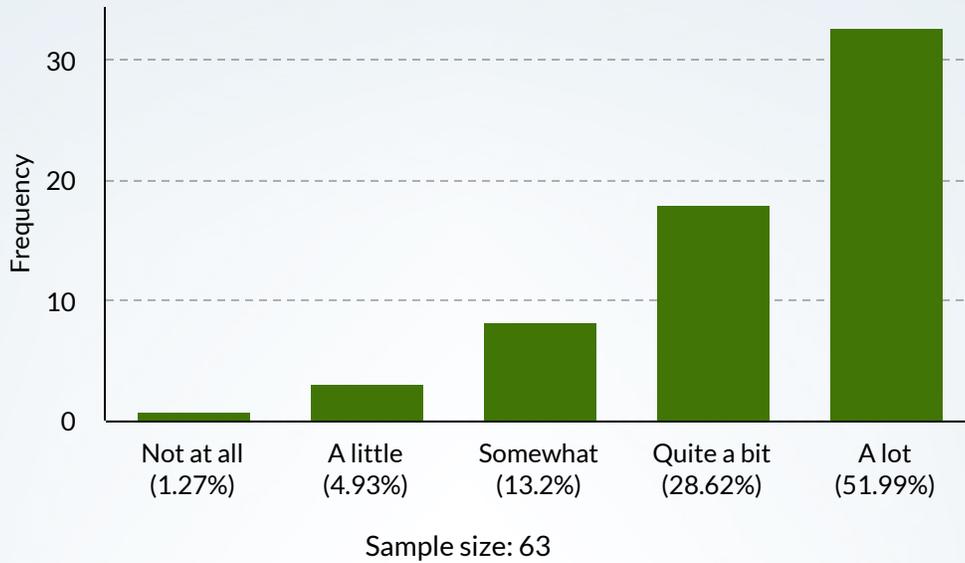
Figure 2: Individual resilience statements include statements such as "I have opportunities to apply my abilities in life (like using skills, working at a job, or caring for others)" and "I feel that I belong in my community"

3) Community resilience scores were the lowest with 70.36% of participants marking "quite a bit" or "a lot" in response to statements regarding access to material resources and financial aid, basic needs, and feeling of community support.

Average Community Resilience Scores

Sample size: 63
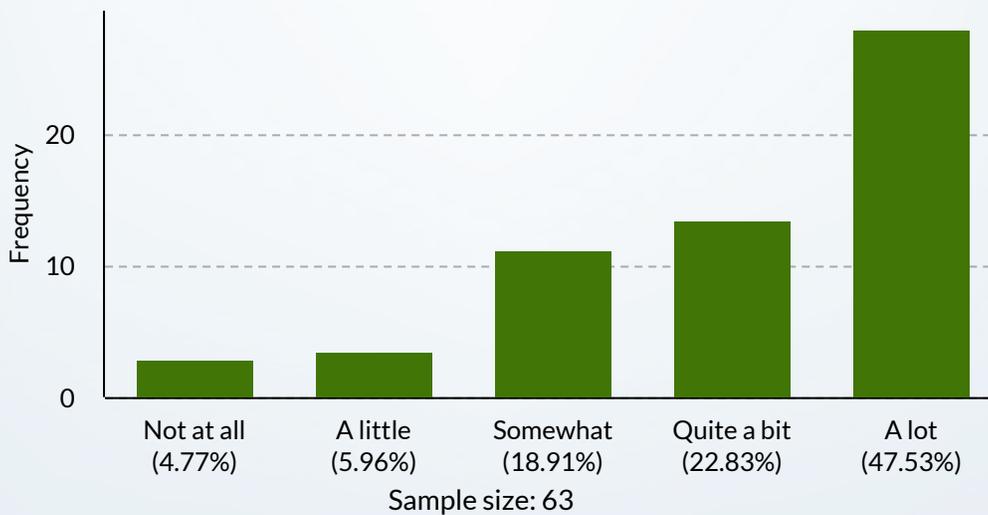
Figure 3: Community resilience statements include statements such as "I can get short-term financial assistance if I need it" and "My family and I can get adequate medical care".

Strengths and Areas for Improvement

My family is supportive towards me

Frequency
40
20
0

Not at all (1.59%) | A little (0%) | Somewhat (7.94%) | Quite a bit (20.63%) | A lot (69.84%)
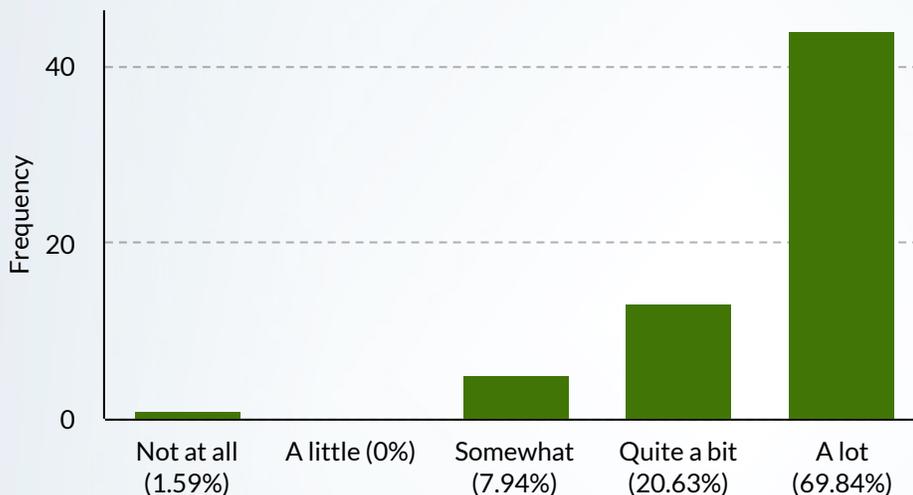
Sample size: 63

This is a positive exception with 90.47% of respondents marking "quite a bit" or "a lot" in response to the statement. This indicates that family support is one of Crook County's strengths.

This statement's responses were lower than average with nearly 30% of respondents marking either "not at all", "a little", or "somewhat". Despite this, the responses were largely in agreement with the statement.

I talk to my family/partner about how I feel (for example, when I am sad or concerned)

Frequency
30
20
10
0

Not at all (1.61%) | A little (6.45%) | Somewhat (19.35%) | Quite a bit (25.81%) | A lot (46.77%)
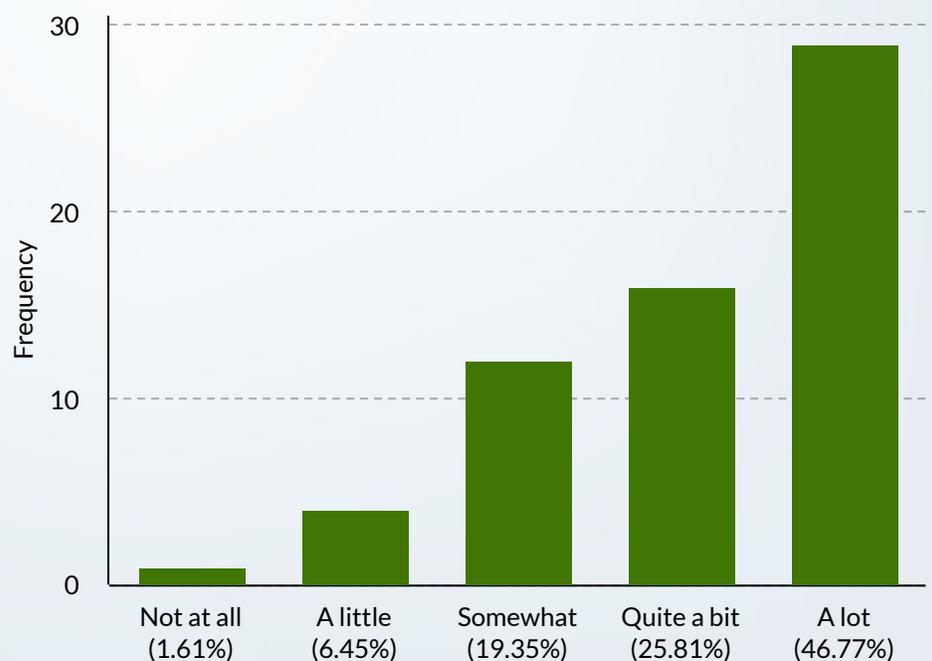
Sample size: 63

I feel that I belong in my community

Frequency (y-axis: 0, 5, 10, 15, 20, 25, 30)

| Not at all (1.59%) | A little (11.11%) | Somewhat (14.29%) | Quite a bit (26.98%) | A lot (46.03%) |
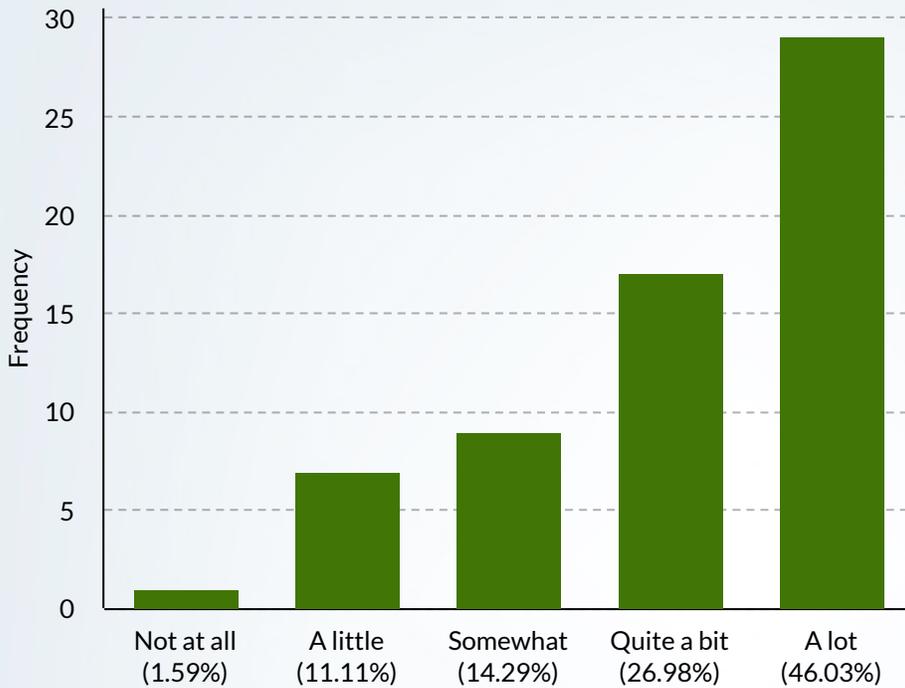
Sample size: 63

Positive scores including responses such as "quite a bit" or "a lot" were lower than average with only 73.01% agreement versus the average for individual resilience statements which was 80.61%. However, the responses largely agree with the statement.

I can get short-term financial assistance, if I need it

Frequency (y-axis: 0, 5, 10, 15, 20)

| Not at all (10.1%) | A little (6.78%) | Somewhat (20.34%) | Quite a bit (27.12%) | A lot (35.59%) |
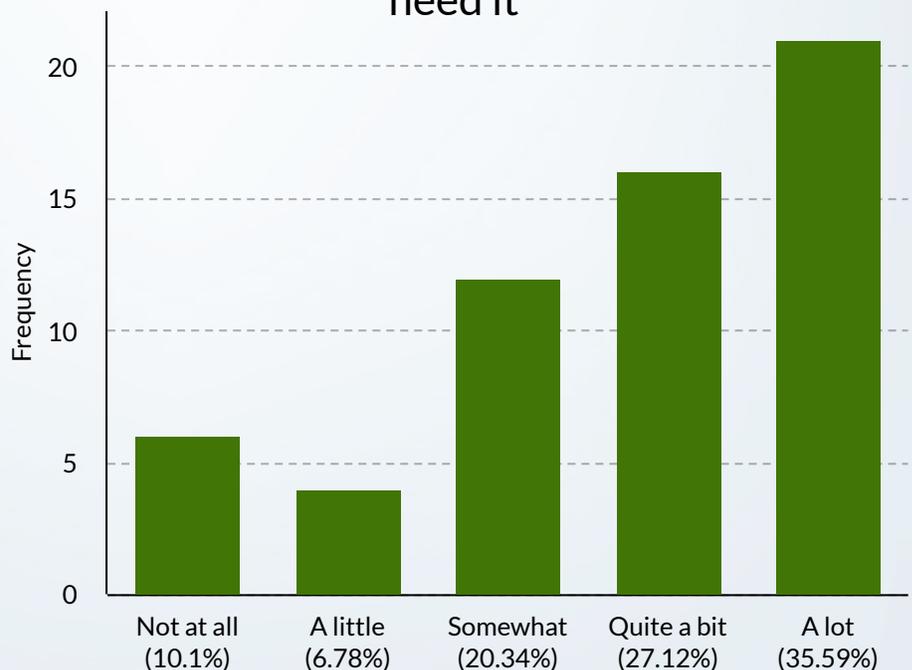
Sample size: 63

Nearly 40% of participants replied either "not at all", "a little", or "somewhat" in response to this statement.

Survey Results

Adequate, safe temporary shelter is available to those who need it

Sample size: 63
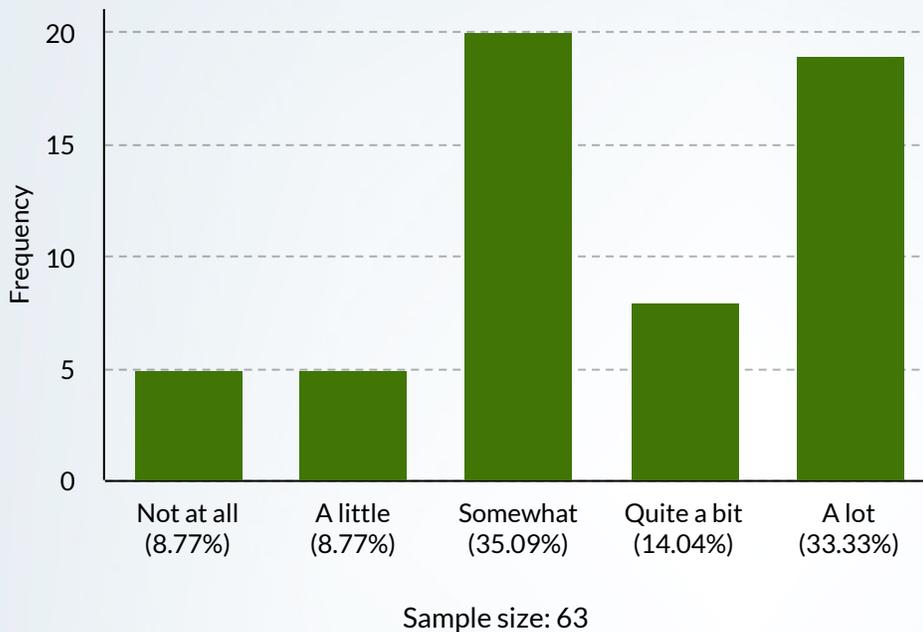
In response to this statement, more than 50% of participants replied either "not at all", "a little", or "somewhat". This suggests that increased shelter is a need in the community.

Short Answers

In addition to the 27 statements, we also included two optional questions at the end of the survey:

1) What are your biggest needs right now?

2) Is there anything else you wish to share?

26 people responded to these questions.

A variety of topics were mentioned, but the top four most frequently mentioned themes were:

- **Medical Care** (including availability and cost of treatment and prescriptions)

- **Spanish resources** (including need for more resources as well as more information about existing resources)

- **Information Access** (including need for more awareness and accessible information about available resources)

- **Housing** (including need for increased affordable housing and lack of shelter)

While these four themes were the most frequently mentioned needs, below are topics also noted in responses:

- Childcare

- Resources and assistance for older adults with services such as SNAP

- Food insecurity

- Lack of domestic violence resources or known available assistance in crisis

- The extra costs associated with being disabled or taking care of disabled loved ones

- Oral care- there is only one dentist in Crook County that takes OHP and it is difficult to get an appointment

- Transportation

Demographics

The sample size for this survey was 63 people. We have demographic data for 44 of them. Below we have included statistics on the demographic data we collected.

Age
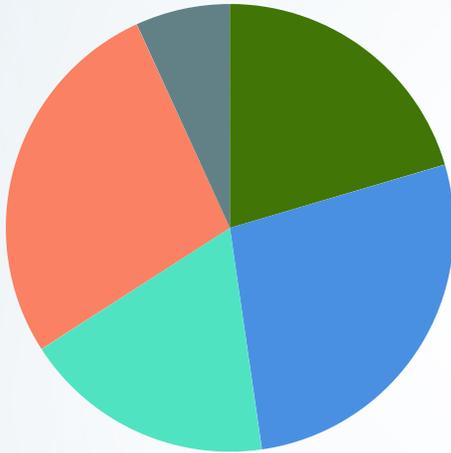
- 🟩 18-30 (20.45%)
- 🟦 31-40 (27.27%)
- 🟩 41-50 (18.18%)
- 🟧 51-64 (27.27%)
- ⬛ >65 (6.82%)

Sample size: 44

Sex
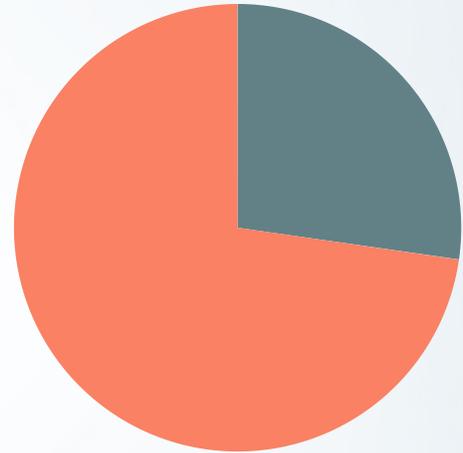
- ⬛ Male (27.27%)
- 🟧 Female (72.73%)

Sample size: 44

Income
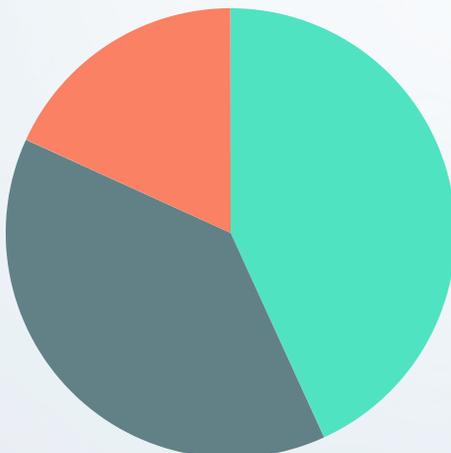
- 🟩 $0- $10k (43.18%)
- ⬛ $11k- $20k (38.64%)
- 🟧 $21k- $30k (18.18%)

Sample size: 44

Gender
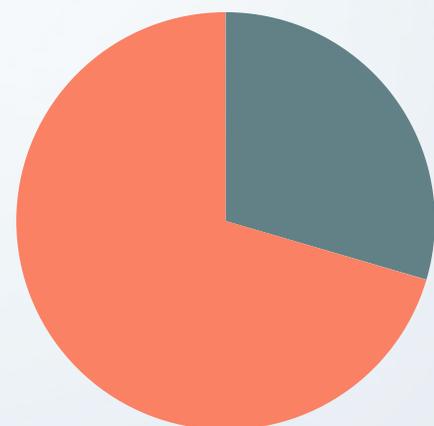
- ⬛ Man (29.55%)
- 🟧 Woman (70.45%)

Sample size: 44

Ethnicity
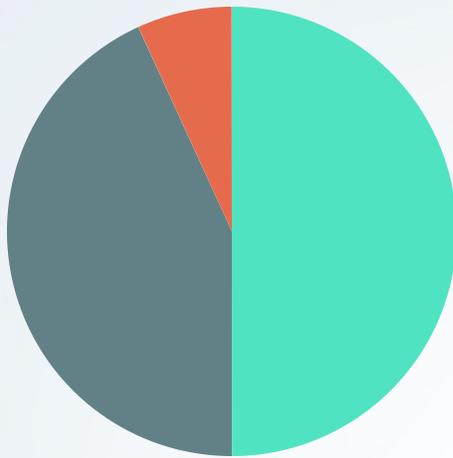
- ■ White (50%)
- ■ Hispanic or Latino (43.18%)
- ■ Native American or American Indian (6.82%)

Sample size: 44

70%
of respondents identified as women

In response to the statement **"I feel that I belong in my community"**, there was a notable difference between respondents in terms of ethnicity:

58%

of Hispanic respondents marked "quite a bit" or "a lot" in response to this statement.

82%

of White respondents marked "quite a bit" or "a lot" in response to this statement.

100%

of Native American respondents marked "quite a bit" or "a lot" in response to this statement.

Limitations

Due to the modern manifestations of historical oppressions, other groups that have been marginalized such as Latinx populations are disproportionately low-income.[7] Part of this funding was dedicated to the translation and administration of this survey in Spanish to ensure accessibility for this overlapping demographic. Our goal was for at least 10% of these surveys to be administered among Hispanic populations, but our respondents were 43% Hispanic identifying. Additionally, 70% of respondents identified as women, which was a significant majority. We only have the demographic data for 70% of surveys.

We recognize that the collected data might not completely represent the low-income population of Crook County. We also recognize that annual income might not be the best indicator of low-income status due to factors such as number of dependents, household members with disabilities, single parent households, assets, etc. We were restricted in the data that we could collect due to limited resources and capacity. Because the purpose of this data is to gauge the needs of low-income populations in Crook County, the data that we collected is meant to serve as a starting point to analyze the resilience and needs of low-income populations.

Priority Areas Identified From Survey

This survey allowed for low-income people to have more direct input in the assessment of their own needs. The needs and strengths that participants identified through this survey coupled with those found in the informational interviews and the literature review will inform priority areas for Crook County Health Department and relevant stakeholders to take action to promote individual and community resilience. A list of strategies and recommendations can also be found at the end of this report.

Affordable housing and shelters

- Lack of affordable housing is an issue across Central Oregon and the solutions are complex. It is important to recognize this as a health issue and to work across sectors to address this. In addition, many people expressed the need for additional shelters, specifically family shelters and clean and sober living houses for individuals released from incarceration or treatment.

Short term financial assistance

- If short term financial assistance is more widely available in Crook County than perceived in this survey, there is a problem with information access and/or system navigation.

Information Access

- It seems that a hub of community resources that could be shared widely and be easily accessible would be very helpful to many people. Additionally, these resources and information about them need to be consistently available in Spanish.

Sense of belonging

- When it is safe to do so, offer more opportunities for people to meet each other, gather, and develop relationships. There are positive health implications for knowing and caring about fellow community members related to feelings of satisfaction and belonging. Additionally, communities who have closer relationships and involvement respond better to disasters than those that are disconnected.

- Increase opportunities for youth to engage with the community-whether through community service, independent projects, or an internship program- to start developing a sense of connection to the community early.

Medical Care

- While cost of treatment and prescriptions are difficult to address on the community level, there need to be more health providers available in Crook County. Additionally, these providers need to understand cultural humility in order to best serve the population and promote health literacy.

Background

As part of the needs assessment, twenty-one informational interviews were conducted with a variety of community organizations. The purpose of these interviews was to assess what the organizations/agencies that serve low-income populations in Crook County believe are the greatest needs. Below is a list of the organizations with which we were able to get in contact:

Mountain Star Family Relief Nursery
High Desert Food and Farm Alliance
Homeless Leadership Coalition
Rimrock Trails Treatment Services
Central Oregon Disability Network
NeighborImpact Energy Assistance Program
NeighborImpact Food Bank
NeighborImpact Housing Assistance Program
NeighborImpact Head Start Program
NeighborImapct Childcare Resources Program
Family Access Network
Older Adult Behavioral Health Initiative
Council on Aging
Redemption House Ministries
Adult Protective Services
Child Protective Services
Saving Grace
Crook County Veteran Services
Crook County Juvenile Department
Crook County Fire and EMS
Thrive

Questions

The interviews were semi-structured in nature, so only three consistent questions were asked each time while the rest of the conversation was context dependent. Below are the three questions asked:

> 1. How has your organization adjusted services during the pandemic? How has programming been affected?
>
> 2. What have you seen as some of the greatest need in the community, particularly in the context of COVID-19? How has the pandemic changed or exacerbated the needs of the population you serve?
>
> 3. What do you think are some of the strategies that can best support these folks? What would your organization like to exist that doesn't?

Themes from Responses to Question 1

- Remote work increased strain on broken or complicated referral systems

- Increased demand for services while having to adapt with decreased capacity to provide them

- Increased reliance on technology was a challenge because Crook County culture is so face to face (particularly with services or financial information, the trust comes from being in person and local)

- Many organizations changed protocols and/ or practices in response to the pandemic and have found increased accessibility and flexibility to serve more people

Themes from Responses to Question 2

- Lack of affordable housing was the need most frequently mentioned

- Lack of childcare and affordable childcare
    - The adultification of children needing to take care of younger siblings
    - Before school transitioned back in person, daycare was a significant need and after school care still is

- ALICE (Asset Limited, Income Constrained, Employed) families barely not qualifying for (and subsequently not receiving) support and slipping through the cracks

- Mental health services need to be better available to Medicare clientele

- Older adults and youth as high priority populations

    - Older adult needs noted: increased homelessness, social isolation exacerbated, transportation, food insecurity and waitlist for Meals on Wheels, increased anxiety and depression
    - Youth needs noted: inability to socialize, high stress households, stress over financial situation and homelessness, increased anxiety and depression, inability to participate in activities outside of school

- System navigation and information access issues (only the highest functioning families usually can complete complicated and long application processes with no help)

- Stigma (surrounding poverty, mental health, addiction, homelessness, and asking for help)

- Increased substance misuse as a coping strategy causing increased tension in homes

- Barriers for low-income youth in participating in some after school activities

- Access to gas because so many people live in alternative housing (tents or trailers)

- People build trust with a counselor and then they leave and clients are more hesitant to reengage with services and explain situation all over again

- Homelessness and lack of shelters in Crook County

Themes from Responses to Question 3

- Increase subsidized and affordable housing

- More male mentors for low-income youth, who often lack a father figure

    - Increase mentoring programs generally while parents work

- Raise income limits for social services when possible so that ALICE families just above the qualifying limit can receive the necessary support

- Provide more support for helping professionals to address compassion fatigue and promote wellness among community caretakers
  - A grant could fund something like massage therapy
- Increase availability of in-home services for older adults
- Formalize the intergenerational program at the library with youth in the community that could help older adults with technology
- Have system navigators available to help access, apply for, and understand different services available
- Normalize untraditional communication methods such as Facebook groups, word of mouth, and text
- More frequent communication and/or meetings with similar service providers to break down siloes
- Establish low-barrier, year-round shelters in Crook County
- Educate people about the services for low-income people that Cascadia East Transit offers
- Incentivize behavioral health providers to stay in Crook County (and increase number of Spanish speaking behavioral health providers)

Additional Takeaways

- People have been very reliant on expanded social services during the pandemic such as SNAP and there is a concern that there will be increased need once COVID-19 relief money goes away

- The library was a significant public resource before the pandemic, and its closure took away public access to water, shelter, internet, computers, and after school programs

- Many community members were interested in volunteering for different organizations, but there was concern about finding a safe way for that to happen
  - This can be an opportunity to train those willing volunteers in specific skills so that when a disaster happens again in the future, organizations and agencies will be able to utilize that extra help

- People don't want to feel like they're asking for a handout

- In a rural area like Crook County, there are a few people who are extremely involved in everything and are spread too thin
  - There needs to be a wider range of community involvement that may need to involve recruitment and training

- There are often silos between service organizations and there should be more leveraging of each other's efforts to inform programming other than referrals

- Homeless population and older adults have greater difficulty accessing social services

Literature Review on Best Practices to Promote Resilience

Introduction

This literature review aims to assess best practices to build resilience. The literature on resilience is extensive, and it is not in the scope of this report to discuss the discourse on resilience more broadly.

This brief review organizes resilience types and interventions in terms of the socio-ecological model, as there are evidently many different kinds of resilience and this organization allows readers to best utilize a holistic resilience framework.

According to the CDC, the socio-ecological model "considers the complex interplay between individual, relationship, community, and societal factors."[8] Furthermore, the model emphasizes interventions across all levels for maximum impact. For the purpose of this report we will also consider organizational factors.

Socio-ecological model diagram

[9]

Societal   Community   Relationship   Individual
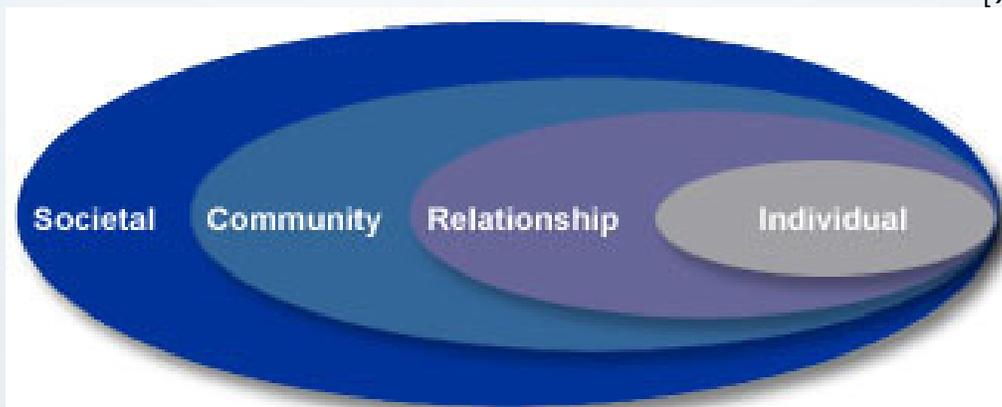
Individual

Resilience is often thought of as something natural- either we have it or we don't. All humans are naturally resilient to a certain extent, but it can be cultivated and promoted through nurture and environment. While individual resilience is usually how people think of the term, it is important to not understand resilience solely on the individual level. As resilience expert Dr. Lucy Hone said:

> "It's all very well expecting individuals to be responsible for their own resilience, but it doesn't take into account huge external factors such as social inequalities, structural racism or underfunded support services." [10]

The individual level of intervention focuses on personal factors including health, mindset, and behavior.[11]

Challenges related to individual factors during the pandemic include:

- Lack of control
- Increased anxiety and depression[12]
- Hopelessness
- Lack of in-person social support
- Lack of belonging
- No sense of purpose
- Uncertainty
- Grief
- Substance Misuse[13]

The literature analyzed in this report on determinants of individual resilience reflect the three factors that the American Psychological Association notes promote individual resilience in their definition:

a) the ways in which individuals view and engage with the world [14]

> A resilient mindset includes: understanding that bad things happen in life, recognizing adversities as an opportunity for growth, focusing only on what they can control and how they can improve their own situation, realizing that the adversity will not last forever, and having a sense of hope

b) the availability and quality of social resources [15]

> Satisfaction of basic needs is a key component to bouncing back or bouncing forward in response to an adversity.

c) specific coping strategies [16]

> While it is often difficult to solve sources of stress, we can focus on strategies to help deal with the stress itself rather than the stressors. [17]

> According to Emily and Amelia Nagasaki in their book Burnout: The Secret to Unlocking the Stress Cycle, even after stressors go away there is still stress in the body if it is not resolved properly. [18] Physical activity, breathing, positive social interaction, laughter, affection, and/or crying are the ways they suggest to deal with and move past the stress response in the body. [19]

Relationship

The relationship level of intervention focuses on key relationships such as with family, friends, and caretakers.[20]

The challenges related to relationship factors during the pandemic include:

- Isolation
- Social distancing
- Loneliness
- Tension in the home
- Financial stress
- Technological difficulties
- Communication barriers

In the Handbook of Resilience in Children, relational resilience is defined as "movement toward mutually empowering, growth- fostering connections in the face of adverse conditions, traumatic experiences, and alienating social-cultural pressures." [21]

Interventions related to social or financial support for parents can help mitigate stress in the home and on relationships.[22] Mentoring programs are a way to expand children's development and formative relationships.[23] They are also a way to provide some relief to overworked parents. Both children and adults need responsive relationships in their lives as well as intellectual and emotional stimulation.[24] Activities that revolve around supporting communication and healthy relationship development would support this level of intervention.

Organizational

The organizational level of intervention focuses on the role of organizations, businesses, and companies in prevention and health promotion. [25]

The challenges related to organizational factors during the pandemic include:

- Burnout
- Work from home and lack of appropriate resources
- Compassion fatigue
- Lack of productivity
- Employee dissatisfaction
- Secondary Trauma
- Vicarious Trauma
- Lack of work-life balance

To promote resilience at the organizational level, organization leadership should meaningfully prioritize wellness through workplace policies. [26] Additionally, organizations should do what they can to make self-care accessible throughout the day; the easiest way to do that is by providing flexibility and understanding to employees so they can take proper breaks throughout the day, exercise, and get outside.[27]

Particularly in the helping professions, compassion fatigue has been more prominent than ever before during the pandemic. [28] It is important to regularly assess staff wellness and provide support if they need a break so that you retain long term capacity. PROQOL assessments (or Professional Quality of Life Scale) are a way to assess compassion satisfaction and fatigue among staff. [29]

Community

The community level of intervention focuses on the contexts and environments in which we live and socialize such as schools, community organizations, social service agencies, neighborhoods, healthcare, etc.[30]

The challenges related to community factors during the pandemic include:

- Lack of community relationships beyond friends and family
- Broken referral pathways
- Remote learning in schools
- Limited service capacity
- Cancelled community traditions
- Increased siloes between organizations with communication issues
- Distrust in neighbors

There are many different ways that communities have conducted community resilience efforts. Non-profits, coalitions, or government entities help lead efforts with the understanding that community members must direct and shape priorities. The City of Dallas has institutionalized resilience thinking through its initiative "Resilient Dallas".[31] In their framework they note that economic vulnerability is the greatest threat to their community resilience.[32] The State of Colorado created a Resiliency Office in 2015 and finalized their framework in 2020.[33] This framework outlines a holistic resilience approach which considers resilient systems, infrastructure, and community in the context of climate change. [34] There are many other examples across the country and world of different approaches to community resilience.

30

The RAND Corporation has numerous articles and resources on its website related to community resilience.[35] Two of these toolkits are focused on building community resilience. The first illustrates the opportunities for collaboration between health departments and aging in place groups to build resilience in older adults.[36]

The second is focused on understanding what community resilience is and how to begin cultivating it. Below is a graphic from that toolkit depicting the difference between disaster preparedness and community resilience:[37]

[38]

Traditional Disaster Preparedness Approach Focuses On:	Community Resilience Approach Focuses On:
Individual households and their readiness to respond to emergencies	**Community members working together** to respond to and recover from emergencies
Disaster-specific functions	Merging of other community efforts that build **social, economic, and health well-being**
Government's response in the first few days and weeks after a disaster	**Diverse network of government and nongovernmental organizations** in preparing for, responding to, and recovering from disaster
Emergency plans and supplies only	**Collaboration and engagement** of the whole of community for problem-solving
Self-sufficient **individuals or households**	Self-sufficient community through **neighbor-to-neighbor connections and strong social networks**

¹Uscher-Pines, L., Chandra, A., Acosta, J., The promise and pitfalls of community resilience. Disaster Med Public Health Prep. 2013 Dec; 7(6):603-6

They also have an extensive online training titled Building Resilient Communities which delves deeper into the topic of community resilience and helps map out the planning process.[39]

Building Community Resilience (BCR) is an initiative out of George Washington University School of Public Health, and seems to be the best option to formalize community resilience work in Central Oregon.[40] BCR "brings together organizations that impact child and community health– such as health departments; health systems, including hospitals and clinics; social services; and community-based organizations to develop and strengthen community resilience." [41]

The BCR framework also "facilitates collaboration across organizations and systems that may not have a health-related mission but are critical to influencing health outcomes and building community resilience – such as criminal justice, housing, education and the faith-based community." [42] BCR provides technical assistance throughout the process.[43] They also recommend tools, activities, and strategies that specifically local health departments can take to promote community resilience. [44]

[45]

Building Community Resilience:
Process of Assessment, Readiness, Implementation & Sustainability

- ACEs
- Resilience
- Narratives of the Community

Shared Understanding

- Provider Capacity/ Capability
- System Capacity/ Capability
- Policy Supports

State of Readiness

- Organizational Linkages
- Citizen Leadership
- Social Supports
- Attachment to Place

Community

Cross-Sector Partners

- How to Connect
- Resource Distribution
- Community & Political Partnerships
- Collaboration

Ellis W & Dietz W, A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model, *Academic Pediatrics* (2017).

Societal

The societal level of intervention focuses on the laws, policies, and norms that shape our community contexts. [46]

The challenges related to societal factors during the pandemic include:

- Lack of affordable housing
- Job loss
- Food insecurity
- Strained healthcare capacity
- Exacerbated financial hardship
- Strained social services
- Lack of acknowledgment of a collective grief (for the lives lost, the financial hardship, the experiences cancelled, and a loss of a sense of normalcy)

While some aspects of this level of intervention are out of scope of action for the health department, it is important to work with other organizations and stakeholders to advocate for certain policies that address priority areas as expressed in interviews, surveys, and direct observation. Additionally, it is important to frame and recognize issues like housing as health issues since social determinants of health predict the majority of health outcomes.[47] Physical and mental health are an essential determinant of resilience.

It is also important to note that the term resilience does not resonate with most Crook County residents according to a 2019 TRACES/OHSU assessment.[48] It may be worth considering a public awareness campaign to educate on the topic or use different language when communicating to the public.

Recommendations

These ten recommendations are informed by the survey, informational interviews, literature review, and direct observation. They will include multiple levels of intervention in relation to the socio-ecological model. They are organized in no particular order. The goal of this report is to lay the groundwork for future resilience initiatives in Crook County, as well as Central Oregon.

Work with Oregon stakeholders to implement the BCR initiative locally and/ or regionally

The Building Community Resilience Initiative (BCR) is an incredible opportunity to organize this work going forward at the community level. Oregon is one of the five test sites working to operationalize the BCR process.[49] Community resilience work is messy and slow, but BCR includes a guiding framework, activities, tools, and technical assistance that would make the vision easier to implement. Central Oregon involvement with BCR would be a great opportunity to formalize resilience work regionally. More information on this project can be found [here](#).

Hold community gatherings that are also opportunities for people to learn skills that benefit the community- particularly in the context of disasters

Social supports and mutually reinforcing relationships are the key to resilience.[50] Increasing opportunities for people to come together and connect in and of itself will promote resilience at the individual, relational, and community levels. Particularly after a year of isolation and social distancing, building relationships is essential.

Gatherings are also an opportunity to be intentional about cultivating resilience. Events could focus on teaching practical skills such as cooking, language, CPR and first aid, caretaking, or technology. Learning new, valuable skills can help increase self-efficacy and sense of belonging in the community.[51]

Based on the interest in these skill-building events, it would be a good idea to form groups that meet regularly and develop their skill. These groups are another way to promote relationship building, and could be utilized in the time of a disaster to help the community mitigate and adapt.

Incorporate social-emotional learning into education for both youth and adults

When faced with adversities, people experience a wide range of emotions that can be difficult to name and/or address.[52] If we do not acknowledge these emotions and address them properly, they manifest in uncontrollable ways for our physical and mental health. [53] Additionally, they can disrupt communication and relationships.[54]

Recommendations

Social-emotional learning is important in developing collaborative partnerships and authentic relationships in addition to sense of self.[55] Thus, it is essential to cultivate resilience.

Many parents never had a social-emotional education, so schools are a great place to make sure all the community's youth have access to this information. One way to incorporate social-emotional learning (SEL) in classrooms is through the RULER skills. [56]Developed at the Center for Emotional Intelligence at Yale University, RULER stands for recognizing, understanding, labeling, expressing, and regulating. [57] The RULER Institute is an opportunity to bring SEL to Crook County School District. SEL is an important tool to cultivate resilience early.

While it is best to start young, it is never too late to learn how to understand and manage your emotions. Teaching adults actionable strategies like those described in the book Burnout: The Secret to Unlocking the Stress Cycle is a way to increase resilience in adults. [58] Disasters bring about increased stress, & people already experiencing toxic stress are more vulnerable. [59] This book illustrates how to address the stress itself rather than the stressors; the authors provide accessible strategies outlined in the individual level of intervention section of the literature review above.

Another way to share this information with adults is to have a book club that focuses on social-emotional literacy topics. Permission to Feel: Unlocking the Power of Emotions to Help Our Kids, Ourselves, and Our Society Thrive is an example of a book that can teach people social-emotional literacy at their own pace.[60] A book club is another way to bring people together in community to develop relationships, and in turn resilience.

Work with older adults to increase opportunities for wellness and community involvement

Crook County has a large population of older adults, and they were identified as a high priority group in the informational interviews and resilience survey. As mentioned in the interview section, one of the greatest barriers for older adults during the pandemic was technology. One recommendation noted above was to formalize the program at the library with youth in the community that would help seniors with technology. This would be a great way to build intergenerational connections and also teach older adults a valuable skill that is particularly important in modern disaster communication.

The Older Adult Behavioral Health Initiative has many ideas for programming and systems change to benefit older adults in Crook County, and would be a valuable partner in this work.

Below is a list of strategies for local health departments from the RAND Corporation's toolkit titled "Building Older Adults' Resilience by Bridging Public Health and Aging-in-Place Efforts": [61]

[62]

With older adults in the community:

- Conduct outreach to older adults to recruit volunteers for disaster exercises, such as a medication-dispensing exercise.

With other organizations:

- Work with long-term care facilities or other residential facilities for older adults (e.g., senior housing) to help facilities plan for emergencies or to offer preparedness education activities with residents in conjunction with the facilities.

- Partner or coordinate with other health departments, Area Agencies on Aging and similar organizations, Red Cross, and other nonprofit-type organizations (such as the Alzheimer's Association) in order to distribute their preparedness messages and programming broadly, including to organizations serving older adults.

Within the public health department:

- Develop messages and activities for vulnerable groups, such as individuals with functional limitations, intellectual disabilities, or medical needs or who do not speak English (which may include older adults with specific vulnerabilities).

This toolkit also includes self-assessments that the Crook County Health Department can conduct to assess what else the health department can do to promote resilience in older adults.[63]

Increase Spanish resources and language opportunities (for both English and Spanish speakers)

A consistent theme throughout the needs assessment was the lack of resources and information available in Spanish in Crook County. Hispanic/Latinx populations make up almost 10% of the county's population, yet there is a notable lack of culturally responsive care and information available.[64]

Familias en Acción is an organization whose mission is "to strengthen the health and well-being of Latino families and communities in Oregon."[65] They offer trainings statewide "for community organizations and leaders within the Latinx community to promote health literacy, HIV/ STI awareness and prevention and access to resources" through a program called Me Cuido, Te Cuido.[66] This program could be a good way to increase access to information and resources in the Hispanic community.

Additionally, there are currently no Spanish speaking counseling services available in Crook County. This is a serious issue when trying to promote mental health and wellbeing and there is such inequitable access. Efforts should be made to bring and maintain Spanish-speaking counselors in the county.

Another way to boost resilience is through language opportunities for both English and Spanish native speakers. [67] The lack of English learning programs available in Crook County was noted in the survey responses and the interviews. Having a language program where English and Spanish native speakers have a partner style relationship to practice and learn the other's language could be an opportunity to learn a new practical skill, and also make new relationships.[68] Both would strengthen resilience.

Make information on community resources more accessible and provide more support for system navigation

Issues with information access were frequently mentioned throughout the assessment. Many people noted a desire for a central hub where all resources and services are listed in one place so that people could easily find what they need.

Interestingly, something like this does exist in the form of the Central Oregon Resource Directory.[69] However, as of late October 2020 only 4% of the website traffic was located in Prineville, which is disproportionately low compared to the population.[70] One recommendation is to share out the existence of this directory across Crook County. It also makes sense to utilize Facebook groups such as the Be the Bootstrap page or the Pay it Forward Prineville Oregon page to share out the website or a list of the resources in a separate document. [71][72]

However, many people- particularly older adults and low-income people- may not be able to access this website consistently due to lack of consistent internet or technology access. It would be a good idea to create a pdf version of available resources and share it out by hand, so that the people who need it most can access it.

Foster a culture of wellness within organizations that is formalized through policies to support employees' physical and mental health

Organizational leadership can play an important role in promoting resilience among their employees; they should be proactive in doing so.[73] A good way to do this is to institutionalize wellness policies that allow for employee flexibility and time during the work day to actually do self-care.

Businesses and organizations should be intentional in the support for wellness that they provide to employees. In addition to internal policies, another way to promote wellness is by providing wellness resources for staff during the day including nutritious snacks & drinks, a nap room, gym membership, stress management seminars, or yoga classes.[74]

A 2013 publication from the Utah Department of Health titled "Worksite Wellness Policy Ideas and Resources" contains specific policy and wellness program ideas for organizations.[75]

Take care of the community caretakers

Related to prioritizing wellness in the workplace, we often forget that helping professionals need more access to self-care support. Phenomena like compassion fatigue, burnout, secondary trauma, and vicarious trauma are common among community caretaking professionals including healthcare and public health workforce, behavioral health professionals, social workers, school staff, and direct service providers.[76]

A way to assess wellness more specific to helping professionals is through a PROQOL assessment, or Professional Quality of Life Scale.[77] This assessment can be done regularly to measure employee satisfaction and wellness. Helping professionals especially need flexibility to take care of themselves in order to sustainably provide services.[78] This assessment can help acknowledge when compassion fatigue needs to be addressed. It is available in a variety of translations as well. [79]

Increase emphasis on equity work locally and regionally

Sense of belonging is one of the core determinants of resilience, and lack of equity among populations affects sense of belonging. [80] If some people in the community don't feel welcomed or safe in their own county, then that will only be exacerbated during a crisis.

Equity work is critical public health work and should be addressed as such.[81] Social determinants of health predict the majority of health outcomes, and improving social determinants is an essential component of community resilience efforts.[82]

Readiness for equity work in Crook County seems to be low, and the community needs to want to engage in something for it to be successful. There need to be creative ways to engage the community and increase readiness- whether through education, conversations, or events on topics related to equity. The open-mindedness and flexibility that comes from understanding perspectives other than your own is important to be resilient from any adversity. Initiatives from groups like Allyship in Action or The Crook County Foundation's (CCF) Diversity, Equity, and Inclusion committee are opportunities to continue increasing readiness for equity work in Crook County.

Identify capacity to support this work

Resilience work is a long term investment, and there needs to be sustained interest from the community for it to be successful. While community resilience work must be community-led, it is a good idea to increase capacity to support research, implementation, and community engagement. The next 2 years of the COVID-19 Resiliency and Recovery AmeriCorps VISTA position will provide some capacity, but it is not sufficient to carry out the scale of work that needs to be done.

Coalitions and community groups focused on community resilience goals are what can sustain this work long term. Due to limited capacity, the community could utilize existing infrastructure such as the Community Advisory Council, Community Resource Team, or Crook County Foundation. It also makes sense to leverage support and resources with Central Oregon Health Council as their workgroup aims to measure resilience regionally.

Ideally we could hire 1.0 FTE at the health department or another invested organization to coordinate this work and collaborate efforts with the community. The BCR initiative would also serve as capacity to support this work sustainably.

Summary of Recommendations

1. Work with Oregon stakeholders to implement the BCR initiative locally and/ or regionally

2. Hold community gatherings that are also opportunities for people to learn skills that benefit the community- particularly in the context of disasters

3. Incorporate social-emotional learning into education for both youth and adults

4. Work with older adults to increase opportunities for wellness and community involvement

5. Increase Spanish resources and language opportunities (for both English and Spanish speakers)

6. Make information on community resources more accessible and provide more support for system navigation

7. Foster a culture of wellness within organizations that is formalized through policies to support employees' physical and mental health

8. Take care of the community caretakers

9. Increase emphasis on equity work locally and regionally

10. Identify capacity to support this work

References

1) Halvorson, G. (2008). Crooked River. Photograph. Oregon State Archives.

2) Resilience definition based on: Masten, A. S. (2018). Resilience theory and research on children and families: Past, present, and promise: Resilience theory and research. Journal of Family Theory & Review, 10(1), 12–31.

3) Lipscomb, S., Jaramillo, J., Ives, C., Swander, W., & Kothari, B. (2020). (rep.). Resilience among K-12 students in Central Oregon.

4) Resilience Research Centre. (2018). CYRM and ARM user manual. Halifax, NS: Resilience Research Centre, Dalhousie University. http://www.resilienceresearch.org/

5) Resilience Research Centre. (2018). CYRM and ARM user manual. Halifax, NS: Resilience Research Centre, Dalhousie University. http://www.resilienceresearch.org/

6) Community Resilience. RAND Corporation. (n.d.). https://www.rand.org/topics/community-resilience.html.

7) United States Census Bureau . (2019). Crook County Income and Poverty. Explore Census Data. https://data.census.gov/cedsci/table?q=Crook+County+Income+and+Poverty&tid=ACSST5Y2019.S1701.

8) Centers for Disease Control and Prevention. (2021, January 28). The Social-Ecological Model: A Framework for Prevention |Violence Prevention |Injury Center| CDC. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html.

9) Centers for Disease Control and Prevention. (2021, January 28). The Social-Ecological Model: A Framework for Prevention |Violence Prevention |Injury Center| CDC. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html.

10) Saner, E. (2020, November 24). I'm a survivor! How resilience became the quality we all crave. The Guardian. https://www.theguardian.com/lifeandstyle/2020/nov/24/im-a-survivor-how-resilience-became-the-quality-we-all-crave.

11) Centers for Disease Control and Prevention. (2021, January 28). The Social-Ecological Model: A Framework for Prevention |Violence Prevention |Injury Center| CDC. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html.

12) Nirmita Panchal, R. K., & 2021, F. (2021, April 14). The Implications of COVID-19 for Mental Health and Substance Use. KFF. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/.

13) Centers for Disease Control and Prevention. (2020, August 13). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic - United States, June 24–30, 2020. Centers for Disease Control and Prevention. https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm.

14) American Psychological Association. (n.d.). APA Dictionary of Psychology. American Psychological Association. https://dictionary.apa.org/resilience.

15) American Psychological Association. (n.d.). APA Dictionary of Psychology. American Psychological Association. https://dictionary.apa.org/resilience.

16) American Psychological Association. (n.d.). APA Dictionary of Psychology. American Psychological Association. https://dictionary.apa.org/resilience.

17) Brené with Emily and Amelia Nagoski on Burnout and How to Complete the Stress Cycle. Brené Brown. (2021, May 14). https://brenebrown.com/podcast/brene-with-emily-and-amelia-nagoski-on-burnout-and-how-to-complete-the-stress-cycle/.

18) Brené with Emily and Amelia Nagoski on Burnout and How to Complete the Stress Cycle. Brené Brown. (2021, May 14). https://brenebrown.com/podcast/brene-with-emily-and-amelia-nagoski-on-burnout-and-how-to-complete-the-stress-cycle/.

19) Brené with Emily and Amelia Nagoski on Burnout and How to Complete the Stress Cycle. Brené Brown. (2021, May 14). https://brenebrown.com/podcast/brene-with-emily-and-amelia-nagoski-on-burnout-and-how-to-complete-the-stress-cycle/.

20) Centers for Disease Control and Prevention. (2021, January 28). The Social-Ecological Model: A Framework for Prevention |Violence Prevention |Injury Center| CDC. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html.

21) Jordan J.V. (2005) Relational Resilience in Girls. In: Goldstein S., Brooks R.B. (eds) Handbook of Resilience in Children. Springer, Boston, MA. https://doi.org/10.1007/0-306-48572-9_6

22) Three Ways to Build Resilience Amid the COVID-19 Pandemic. Center on the Developing Child at Harvard University. (2021, March 11). https://developingchild.harvard.edu/resources/how-to-help-families-and-staff-build-resilience-during-the-covid-19-outbreak/.

23) Centers for Disease Control and Prevention. (2021, January 5). Risk and Protective Factors |Violence Prevention |Injury Center| CDC. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html.

24) Three Ways to Build Resilience Amid the COVID-19 Pandemic. Center on the Developing Child at Harvard University. (2021, March 11). https://developingchild.harvard.edu/resources/how-to-help-families-and-staff-build-resilience-during-the-covid-19-outbreak/.

25) Centers for Disease Control and Prevention. (2021, January 28). The Social-Ecological Model: A Framework for Prevention |Violence Prevention |Injury Center| CDC. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html.

26) Centers for Disease Control and Prevention. (2019, March 8). Workplace Health Promotion . Centers for Disease Control and Prevention. https://www.cdc.gov/workplacehealthpromotion/index.html.

27) (2013). (publication). Worksite Wellness Policy Ideas and Resources. Retrieved from https://choosehealth.utah.gov/documents/pdfs/ACA_Booklet.pdf

28) Centers for Disease Control and Prevention. (n.d.). Healthcare Personnel and First Responders: How to Cope with Stress and Build Resilience During the COVID-19 Pandemic. Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html.

29) ProQOL. (n.d.). ProQOL Measure. ProQOL. https://proqol.org/proqol-measure.

30) Centers for Disease Control and Prevention. (2021, January 28). The Social-Ecological Model: A Framework for Prevention |Violence Prevention|Injury Center|CDC. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html.

31) Introducing Goals. Resilient Dallas Resilient Dallas Home. (n.d.). https://dallascityhall.com/departments/pnv/resilient_dallas/Pages/default.aspx.

32) About. Resilient Dallas About. (n.d.). https://dallascityhall.com/departments/pnv/resilient_dallas/Pages/About.aspx .

33) Colorado Resiliency Framework. Colorado Resiliency Office. (n.d.). https://www.coresiliency.com/colorado-resiliency-framework.

34) Colorado Resiliency Framework. Colorado Resiliency Office. (n.d.). https://www.coresiliency.com/colorado-resiliency-framework.

35) Community Resilience Toolkits. RAND Corporation. (n.d.). https://www.rand.org/well-being/community-health-and-environmental-policy/centers/resilience-in-action/community-resilience-toolkits.html .

36) Acosta, J. D., Shih, R. A., Chen, E. K., Xenakis, L., Carbone, E. G., Burgette, L. F., & Chandra, A. (2018, January 23). Building Older Adults' Resilience: A Toolkit. RAND Corporation. https://www.rand.org/pubs/tools/TL282.html.

37) Towe, V. L., Chandra, A., Acosta, J. D., Chari, R., Uscher-Pines, L., & Sellers, C. (2015, April 21). Community Resilience: LEARN and TELL Toolkit. RAND Corporation. https://www.rand.org/pubs/tools/TL163.html.

38) Towe, V. L., Chandra, A., Acosta, J. D., Chari, R., Uscher-Pines, L., & Sellers, C. (2015, April 21). Community Resilience: LEARN and TELL Toolkit. RAND Corporation. https://www.rand.org/pubs/tools/TL163.html.

39) Chandra, A., & Acosta, J. D. (2013, August 13). Building Resilient Communities: An Online Training. RAND Corporation. https://www.rand.org/pubs/tools/TL109.html.

40) Resilient Communities. publichealth.gwu.edu. (n.d.). https://publichealth.gwu.edu/departments/redstone-center/resilient-communities.

41) Sumner M. Redstone Global Center for Prevention and Wellness. (2018). (rep.). Building Community Resilience: Coalition Building and Communications Guide. Retrieved from https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/BCR%20Coalition%20Building%20and%20Communications%20Guide.pdf

42) Sumner M. Redstone Global Center for Prevention and Wellness. (2018). (rep.). Building Community Resilience: Coalition Building and Communications Guide. Retrieved from https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/BCR%20Coalition%20Building%20and%20Communications%20Guide.pdf

43) Sumner M. Redstone Global Center for Prevention and Wellness. (2018). (publication). Resilience Catalysts in Public Health. Retrieved from https://ccr.publichealth.gwu.edu/sites/ccr.publichealth.gwu.edu/files/2020%20UPDATED%20Resilience%20Catalysts%20Two-Page%20Summary%2012.8.2020.pdf

44) Sumner M. Redstone Global Center for Prevention and Wellness. (2018). (publication). Resilience Catalysts in Public Health. Retrieved from https://ccr.publichealth.gwu.edu/sites/ccr.publichealth.gwu.edu/files/2020%20UPDATED%20Resilience%20Catalysts%20Two-Page%20Summary%2012.8.2020.pdf

45) Sumner M. Redstone Global Center for Prevention and Wellness. (2018). (rep.). Building Community Resilience: Coalition Building and Communications Guide. Retrieved from https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/BCR%20Coalition%20Building%20and%20Communications%20Guide.pdf

46) Centers for Disease Control and Prevention. (2021, January 28). The Social-Ecological Model: A Framework for Prevention |Violence Prevention |Injury Center| CDC. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html.

47) Centers for Disease Control and Prevention. (2018, October 19). Health Impact in 5 Years. Centers for Disease Control and Prevention. https://www.cdc.gov/policy/hst/hi5/index.html.

48) OHSU Community Research Hub/TRACES. (2019). (rep.). Community Readiness Assessment.

49) Sumner M. Redstone Global Center for Prevention and Wellness. (2019). (publication). Building Community Resilience: Oregon. Retrieved from https://publichealth.gwu.edu/sites/default/files/Oregon%20BCR%20Snapshot%20-%2011.8.19.pdf

50) Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan, C. A., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: from neurobiology to clinical practice. Psychiatry (Edgmont (Pa. : Township)), 4(5), 35–40.

51) Towe, V. L., Chandra, A., Acosta, J. D., Chari, R., Uscher-Pines, L., & Sellers, C. (2015, April 21). Community Resilience: LEARN and TELL Toolkit. RAND Corporation. https://www.rand.org/pubs/tools/TL163.html.

52) Brené with Emily and Amelia Nagoski on Burnout and How to Complete the Stress Cycle. Brené Brown. (2021, May 14). https://brenebrown.com/podcast/brene-with-emily-and-amelia-nagoski-on-burnout-and-how-to-complete-the-stress-cycle/.

53) Brené with Emily and Amelia Nagoski on Burnout and How to Complete the Stress Cycle. Brené Brown. (2021, May 14). https://brenebrown.com/podcast/brene-with-emily-and-amelia-nagoski-on-burnout-and-how-to-complete-the-stress-cycle/.

54) Brené with Emily and Amelia Nagoski on Burnout and How to Complete the Stress Cycle. Brené Brown. (2021, May 14). https://brenebrown.com/podcast/brene-with-emily-and-amelia-nagoski-on-burnout-and-how-to-complete-the-stress-cycle/.

55) SEL is...CASEL. (n.d.). https://casel.org/what-is-sel/

56) RULER. Yale Center for Emotional Intelligence. (n.d.). https://www.ycei.org/ruler.

57) RULER. Yale Center for Emotional Intelligence. (n.d.). https://www.ycei.org/ruler.

58) Nagoski, E., & Nagoski, A. (2020). Burnout: the secret to unlocking the stress cycle. Vermilion.

59) Sumner M. Redstone Global Center for Prevention and Wellness. (2018). (rep.). Building Community Resilience: Coalition Building and Communications Guide. Retrieved from https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/BCR%20Coalition%20Building%20and%20Communications%20Guide.pdf

60) Brackett, M. A. (2019). Permission to feel: unlocking the power of emotions to help our kids, ourselves, and our society thrive. Celadon Books.

61) Acosta, J. D., Shih, R. A., Chen, E. K., Xenakis, L., Carbone, E. G., Burgette, L. F., & Chandra, A. (2018, January 23). Building Older Adults' Resilience: A Toolkit. RAND Corporation. https://www.rand.org/pubs/tools/TL282.html.

62) Acosta, J. D., Shih, R. A., Chen, E. K., Xenakis, L., Carbone, E. G., Burgette, L. F., & Chandra, A. (2018, January 23). Building Older Adults' Resilience: A Toolkit. RAND Corporation. https://www.rand.org/pubs/tools/TL282.html.

63) Acosta, J. D., Shih, R. A., Chen, E. K., Xenakis, L., Carbone, E. G., Burgette, L. F., & Chandra, A. (2018, January 23). Building Older Adults' Resilience: A Toolkit. RAND Corporation. https://www.rand.org/pubs/tools/TL282.html.

64) U.S Census Bureau. (2019). QuickFacts Crook County, Oregon. U.S Census Bureau. https://www.census.gov/quickfacts/fact/table/crookcountyoregon/PST045219.

65) About Us. familiasenaccion.org. (2021, February 8). https://www.familiasenaccion.org/about-us/.

66) Me Cuido, Te Cuido: Trainings. familiasenaccion.org. (2021, July 1). https://www.familiasenaccion.org/me-cuido-te-cuido-trainings/.

67) Towe, V. L., Chandra, A., Acosta, J. D., Chari, R., Uscher-Pines, L., & Sellers, C. (2015, April 21). Community Resilience: LEARN and TELL Toolkit. RAND Corporation. https://www.rand.org/pubs/tools/TL163.html.

References

68) Language Partner Program. Spring International Language Center. (n.d.). https://silc.uark.edu/lpp/.

69) Thrive Central Oregon Resource Directory. (n.d.). https://centraloregonresources.org/.

70) (2020, October 27). Analytics of Central Oregon Resource Directory.

71) Be the Bootstrap. Facebook. (n.d.). https://www.facebook.com/Bethebootstrap/.

72) Pay it Forward Prineville. Facebook. (n.d.). https://www.facebook.com/diamondruleduo/.

73) Roulet, B. L. and T. (2021, April 26). How Organizations Can Promote Employee Wellness, Now and Post-Pandemic. MIT Sloan Management Review. https://sloanreview.mit.edu/article/how-organizations-can-promote-employee-wellness-now-and-post-pandemic/.

74) Employee Wellness Program Policy. Recruiting Resources: How to Recruit and Hire Better. (2021, April 12). https://resources.workable.com/employee-wellness-policy.

75) (2013). (publication). Worksite Wellness Policy Ideas and Resources. Retrieved from https://choosehealth.utah.gov/documents/pdfs/ACA_Booklet.pdf

76) Centers for Disease Control and Prevention. (n.d.). Healthcare Personnel and First Responders: How to Cope with Stress and Build Resilience During the COVID-19 Pandemic. Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html.

77) ProQOL. (n.d.). ProQOL Measure. ProQOL. https://proqol.org/proqol-measure.

78) Centers for Disease Control and Prevention. (n.d.). Healthcare Personnel and First Responders: How to Cope with Stress and Build Resilience During the COVID-19 Pandemic. Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html.

79) ProQOL. (n.d.). ProQOL Measure. ProQOL. https://proqol.org/proqol-measure.

80) Liu, D., Yu, X., Wang, Y., Zhang, H., & Ren, G. (2014). The impact of perception of discrimination and sense of belonging on the loneliness of the children of Chinese migrant workers: a structural equation modeling analysis. International journal of mental health systems, 8, 52. https://doi.org/10.1186/1752-4458-8-52

81) American Public Health Association. (2015). (rep.). Better Health Through Equity. Retrieved from https://www.apha.org/~/media/files/pdf/topics/equity/equity_stories.ashx

82) Centers for Disease Control and Prevention. (2018, October 19). Health Impact in 5 Years. Centers for Disease Control and Prevention. https://www.cdc.gov/policy/hst/hi5/index.html.

Questions?

Contact Lindsey Johnson at ljohnson@h.co.crook.or.us or
Katie Plumb at Kplumb@h.co.crook.or.us

References

Resilience Research Centre | DALHOUSIE UNIVERSITY

Adult Resilience Measure-Revised (ARM-R)

Demographic questions:

What is your age? _____ *(Should be over 18)*

What is your sex? _____ *(Male, female, intersex)*

What is your gender? _____ *(Man, non-binary, woman, prefer to self-describe)*

What is your annual income? _____ *(Should be below 30k)*

What is your ethnicity? _____ *(White, Hispanic or Latino, Black or African American, Native American or American Indian, Asian / Pacific Islander, Other)*

ARM-R						
To what extent do the following statements apply to you? There are no right or wrong answers.		Not at all [1]	A little [2]	Somewhat [3]	Quite a bit [4]	A lot [5]
1	I get along with people around me	1	2	3	4	5
2	Getting and improving qualifications or skills is important to me	1	2	3	4	5
3	I know how to behave in different social situations (such as at work, home, or other public places)	1	2	3	4	5
4	My family is supportive towards me	1	2	3	4	5
5	My family knows a lot about me (for example, who my friends are, what I like to do)	1	2	3	4	5
6	If I am hungry, I can usually get enough food to eat	1	2	3	4	5
7	People like to spend time with me	1	2	3	4	5
8	I talk to my family/partner about how I feel (for example, when I am sad or concerned)	1	2	3	4	5
9	I feel supported by my friends	1	2	3	4	5
10	I feel that I belong in my community	1	2	3	4	5
11	My family/partner stands by me when times are hard (for example, when I am ill or in trouble)	1	2	3	4	5
12	My friends care about me when times are hard (for example, when I am ill or in trouble)	1	2	3	4	5
13	I am treated fairly in my community	1	2	3	4	5
14	I have opportunities to show others that I can act responsibly	1	2	3	4	5
15	I feel secure when I am with my family/partner	1	2	3	4	5
16	I have opportunities to apply my abilities in life (like using skills, working at a job, or caring for others)	1	2	3	4	5

17	I like my family's/partner's culture and the way my family celebrates things (like holidays or learning about my culture)	1	2	3	4	5
18	My family members and I have access to important places such as shopping areas, schools, clinics, etc through buses or other means of transportation	1	2	3	4	5
19	People in this county understand my problems and are willing to help	1	2	3	4	5
20	My family and I can get adequate medical care	1	2	3	4	5
21	I have the necessary resources to give adequate care to my children	1	2	3	4	5
22	I can get short-term financial assistance if I need it	1	2	3	4	5
23	I am able to get a decent job	1	2	3	4	5
24	Adequate, safe temporary shelter is available to those who need it	1	2	3	4	5
25	Help is available for the older adults who wish to remain in their homes	1	2	3	4	5
26	Service agencies will help me or other people get money to pay rent or meet other emergencies when someone can't pay it themselves (eg. high medical bills, sudden loss of job, theft, etc)	1	2	3	4	5
27	Overall, this community meets the needs of its members	1	2	3	4	5

Optional: What are your biggest needs right now? What do you wish existed that could help with that?

_____
_____
_____
_____
_____

Optional: Is there anything else you wish to share?

_____
_____
_____
_____