



Community Resilience in a Post COVID World

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Zoom Poll Question 1:

What was the **most frequent** thing you did to cope with the pandemic? (Select one)

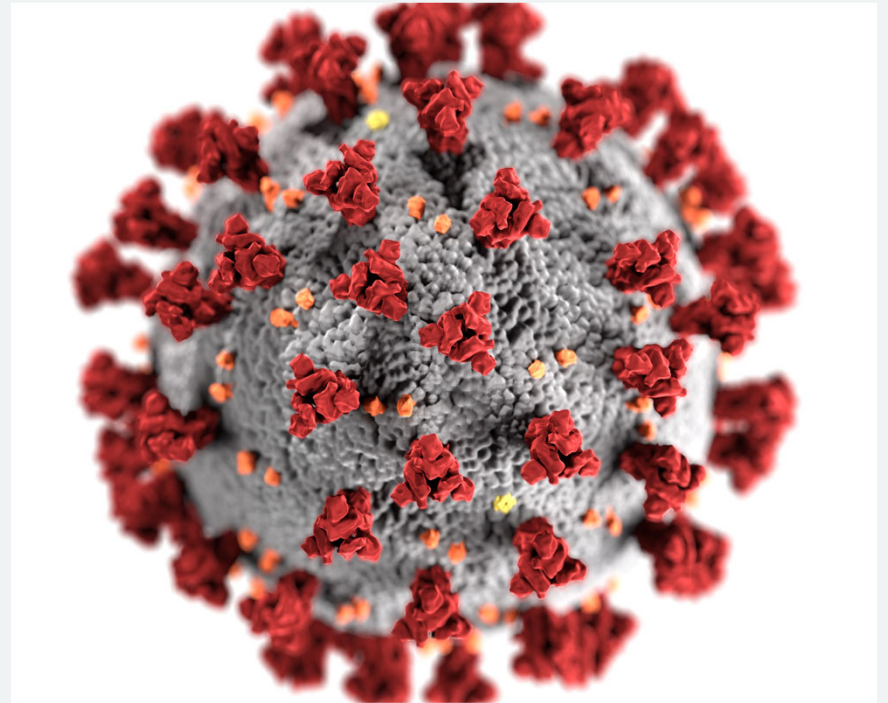
- A. I connected with friends and family.
- B. I exercised.
- C. I watched a lot of TV.
- D. I spent time with my faith community.
- E. I ate more.
- F. I started a new hobby.

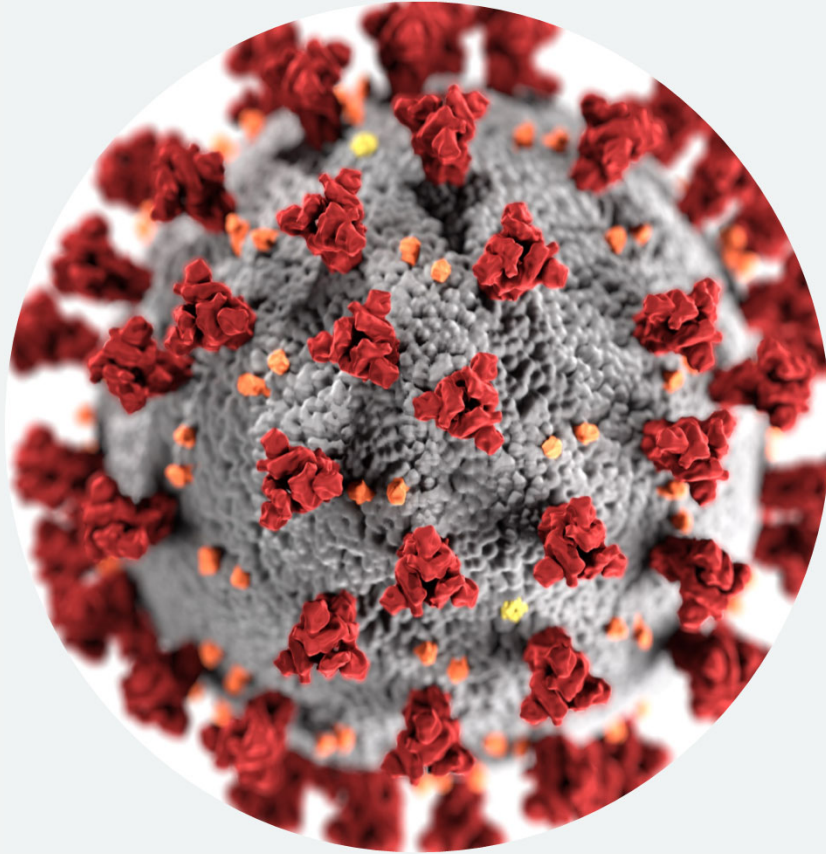
Today's Presentation Objectives

- To define community resilience, particularly in a multi disaster framework
- To offer key insights about resilience and behavioral health, post COVID
- To offer action steps for community disaster behavioral health planning

COVID-19 Exposed Vulnerabilities Across Sectors

- **General emergency response**
 - Strategic National Stockpile
 - Federal coordination
 - Legal and related authorities for states
 - Mortuary services
 - Global coordination
- **Health**
 - Workforce readiness and surge capacity
 - Telehealth and other technology
 - Mental health
 - Delayed preventive care
 - Food access



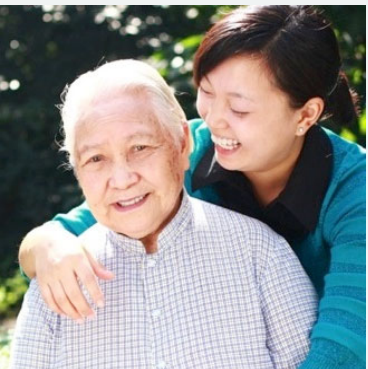
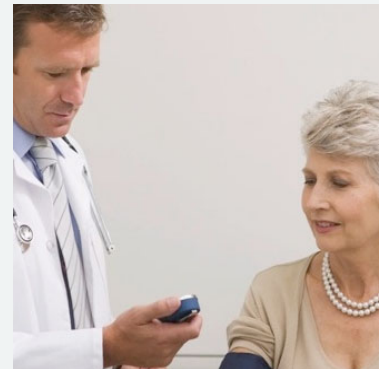


COVID-19 Exposed Vulnerabilities Across Sectors

- **Economic**
 - General financial resilience
 - Unemployment insurance
 - State financial management
 - Business recovery
- **Education**
 - Readiness for distance/online learning
 - Achievement gaps
- **Justice/Public Safety**
 - Workforce reserves
 - Policing practice
 - Court administration

COVID-19: Today's Questions

- What choices are we making now (e.g., *stimulus plans, business choices, workforce return*), and what is the impact on long-term recovery, equity, etc.?
- What is fundamentally the “new normal” post COVID-19, for next pandemic?



Zoom Poll Question 2:

What do you think will change because of the pandemic- the “new normal”- for **disaster preparedness**? *(Select one)*

- A. We will use technology more in disaster planning.
- B. We will plan more for how different communities are more or less vulnerable when bad things happen.
- C. We will prepare more for the behavioral health consequences of disasters.
- D. We will spend (money, resources) differently on disaster planning.
- E. Nothing will change. We will just go back to our usual practice.



Resilient Communities in the 21st Century

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What Makes Communities in This Region Resilient?



- Listed high priority threats/risks?
- Prioritized disasters or emergencies?
- Identified groups that may need extra help?
- Identified resources?
- Created a map of resources?
- Conducted planning, outreach or education?

Strengthening Community Resilience is Critical in a Changing World



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Disasters Disrupt Social and Economic Fabric

- Population displacement can break social ties in a community
- Particularly difficult for vulnerable populations
- Often no comprehensive plan to restore community networks



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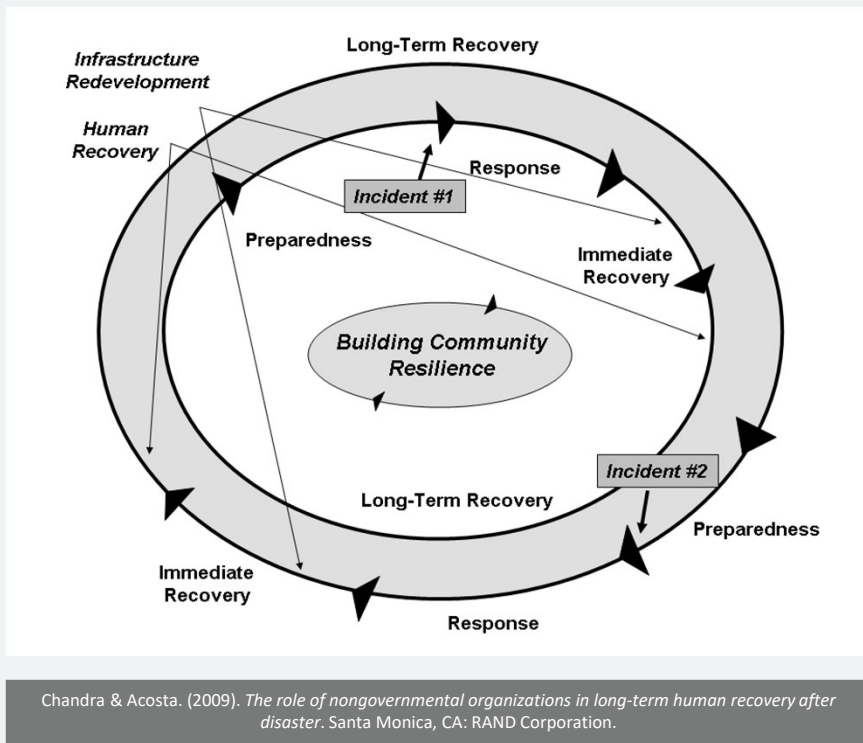
Resilience is Especially Important in Communities With Multiple and Overlapping Disasters

Progress toward recovery can be slowed by multiple incidents

➤ *competing priorities*

➤ *limited resources*

Human recovery is as critical as infrastructure recovery



Threats to Rural Resilience*

Natural disasters

- e.g., Harrisburg tornadoes

Technical Disasters

- e.g., 2006 Sago Mine Disaster in West Virginia

Pandemics

- e.g., H1N1 outbreak

Terrorism

- e.g., chemical threats

Economic Crisis

- e.g., loss of crops, farm crises

*Community Resilience in Rural Contexts

Potential Vulnerabilities

High risk facilities:

Nuclear power facilities

Oil refineries

Uranium and plutonium storage facilities

U.S Air Force missile storage and launch facilities

Potential Vulnerabilities

Agriculture-related hazards:

- Chemical threats
- Droughts
- Floods
- Livestock diseases
- Food insecurity

Rural demographics:

- Economic status
- Trends in social problems
- “Flight” of youth and aging population
- Uneven human, political, financial, cultural, and social capital

Potential Vulnerabilities



Emergency disaster infrastructure:

- Resources historically distributed based on population density
- Less research and training opportunities
- Lack of stable emergency workforce (e.g., first responders and HAZMAT units)
- Preparation of local and community governance
- Lacking emergency and contingency response plans and resources (e.g., rural school systems)
- Fewer public health professionals (& allied professionals)
- Evacuation shelter capacity (including surge capacity)
- Hospital surge capacity

Considerations in Social and Cultural Values

Self-reliance

- Can care for self –VS-- Reluctant to seek help

Community

- Enhanced social support –VS— Can be “closed system”

Family

- Support system—VS—Keep problems “in the family”

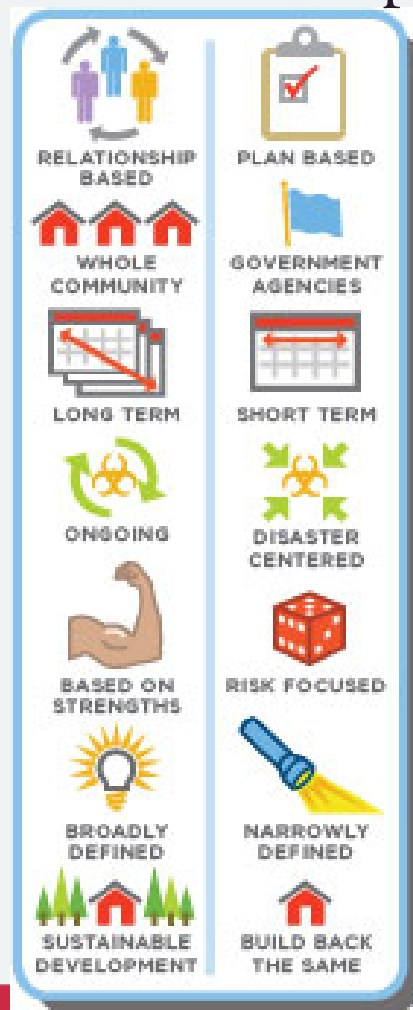
“Tie” to land

- Source of identity and livelihood—VS—Hesitant to evacuate

Faith

- Positive Meaning-making—VS—Negative Meaning-making

Resilience vs. Preparedness



Traditional models to address acute stresses have not worked well enough

Building Resilience can Reduce the Negative Consequences of Acute and Chronic Stress

Resilience is the capacity of a dynamic system, such as a community, to anticipate and adapt successfully to challenges.

- Addressing resilience means considering
 - Acute and chronic stressors
 - Environmental, social and economic factors
 - Equity so that all communities are resilient and adverse events do not disproportionately affect vulnerable communities

Adaptations at Multiple
Levels Needed for
Community
Resilience...



Community Resilience Requires Building Neighbor to Neighbor Reliance and Organizational Connection



Over the Past Few Years, Community Resilience Messaging Has Taken Some Hold

In an emergency, strong communities can be the key to survival.

Connect with your neighbors.  Be prepared to respond.

Learn more at prepare2respond.org

The emergency management field is a complex system of many different organizations and individuals working together to protect the public and the nation's infrastructure.



Center for Law, Ethics & Public Health

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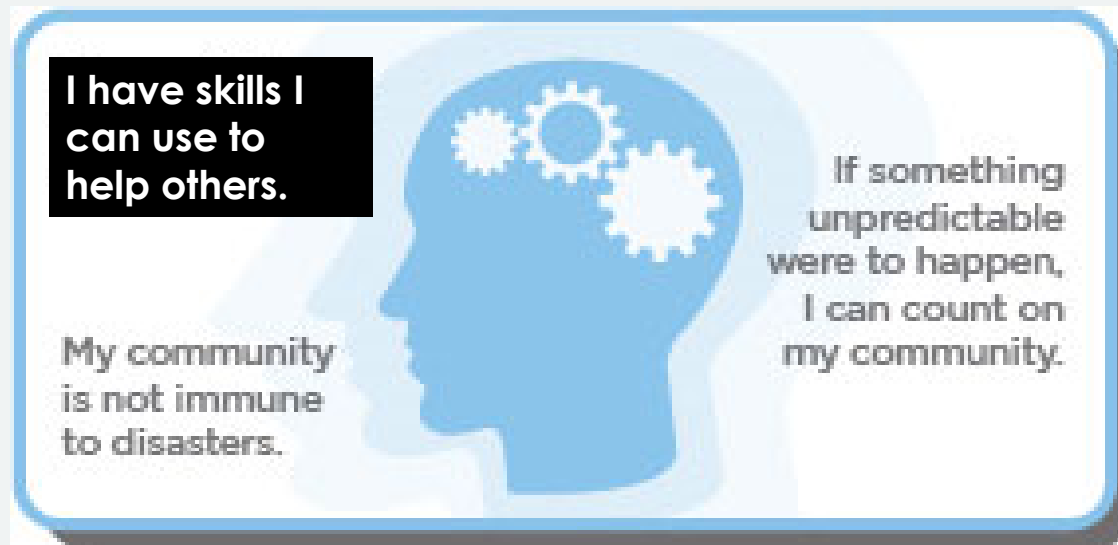
Zoom Poll Question 3:

How would you rate your community on its *connectedness*? (Select one)

- A. Very connected, neighbors know neighbors
- B. Somewhat connected, we work together when needed.
- C. Minimal connection, community members don't connect regularly.

Resilient Communities Drive Residents Towards a Resilience Mindset

Community Resilience Mindset

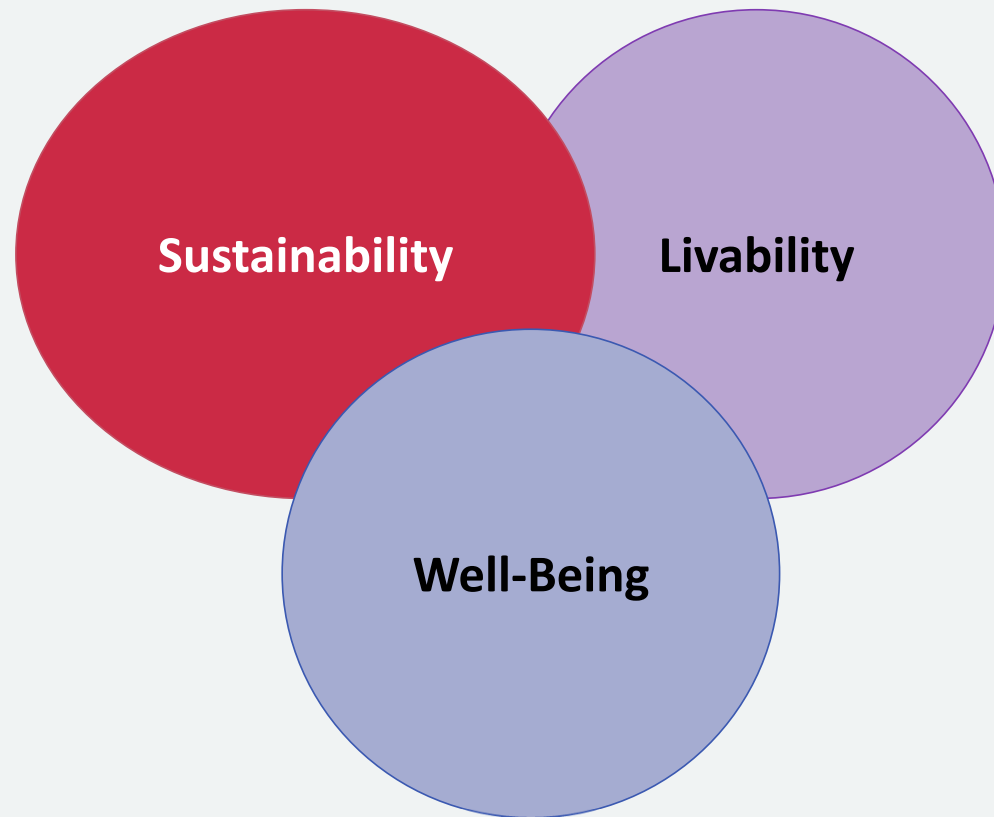


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Community Resilience has Represented the Intersection of *Community Well-Being Promotion* and *Emergency Preparedness*

| Community Well-Being Promotion | Community Resilience | Emergency Preparedness |
|--|--|---|
| Routine surveillance | Assessment of population, structural vulnerabilities and assets | Emergency risk assessment |
| Community education | Education about ongoing mitigation | Risk communication |
| Provision of direct services (e.g., immunizations, home visiting, social services) | Ongoing assurance of health and social service access; skill building (e.g., PFA, economic supports) | Provision of shelters, evacuation plans, mass prophylaxis |
| Policy support re: community impact on health and wellbeing | Policies that prepare for routine and emergency conditions | Policy support re: disaster response and recovery |

Resilience Links Other Community Efforts



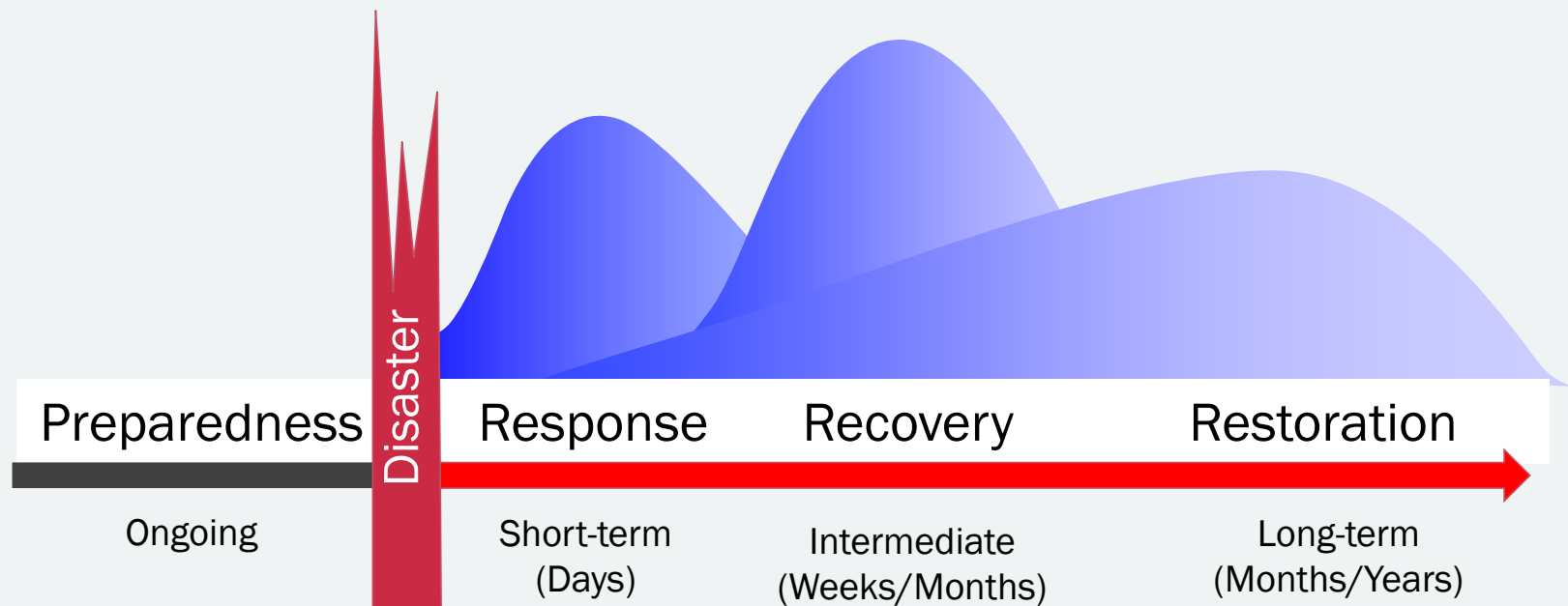
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There is even a
move now to
**integrative
resilience**, not
just community
resilience. What
is the difference?

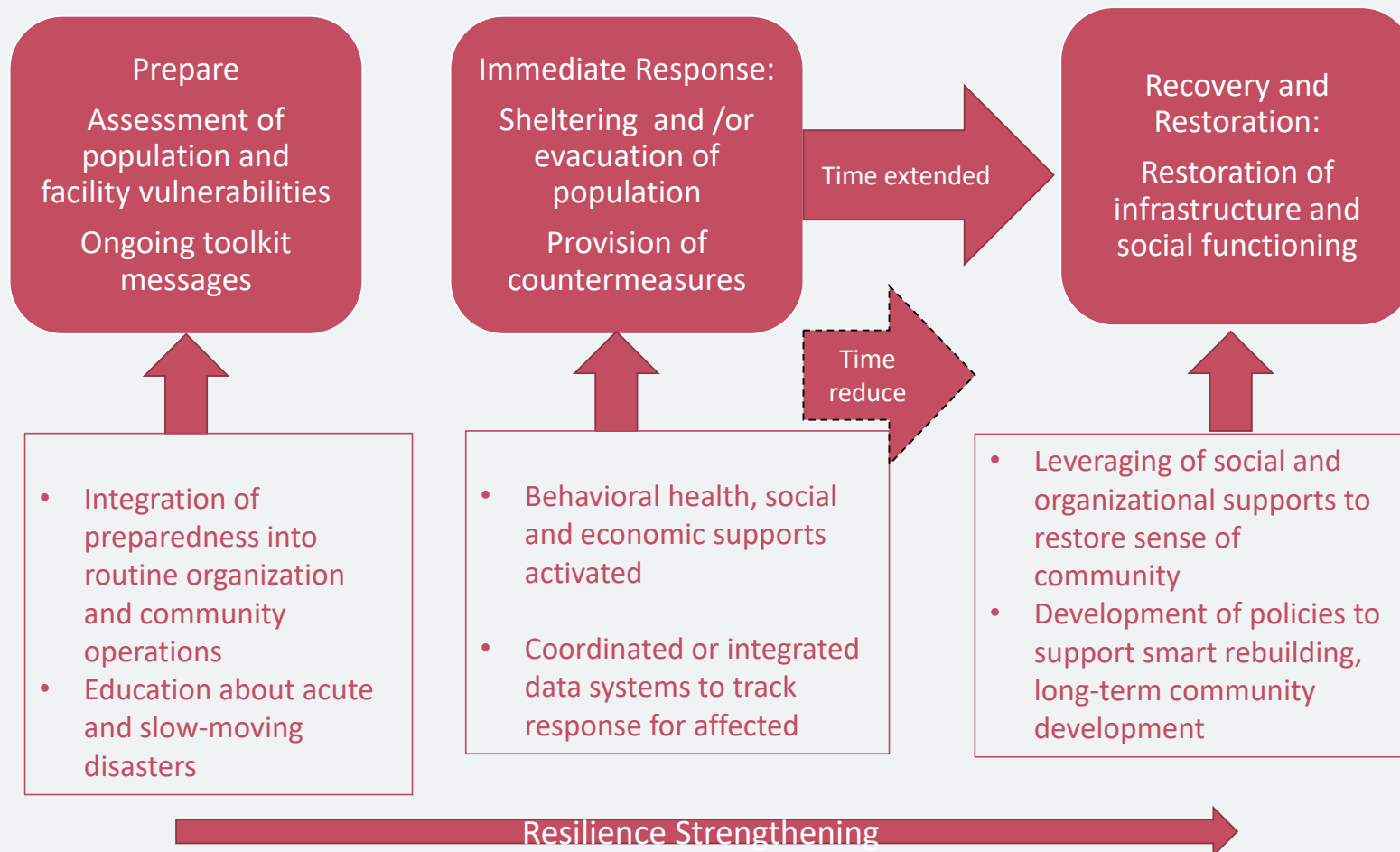
| Common critiques of community resilience | How integrative resilience may address those critiques |
|---|---|
| Focus on 'community' can disguise intra-community differences in power and resources that shape disaster risk and its management (Bankoff & Hilhorst, 2009) | Takes into account the intersections and interactions of systems and people to understand and identify intra-community power dynamics (Acosta et al., 2017) |
| Potential for community-based approaches to place responsibility on local populations rather than risk producers, and in so doing to normalize the precariousness of the situation (Chandler, 2014; Gladfelter, 2018) | Elevates community voices to reach decision makers and brings historical and structural inequalities to intentionally plan resilience actions that promotes equity (Acosta et al., 2017) |
| Promoted discrete and localized interventions are ineffective at changing broader risk creating systems (Clark-Ginsberg, forthcoming) | Promotes alignment and use of common operating framework and principles across systems to account for dynamic and complex systems interactions create risk and inequity (Acosta et al., 2017) |

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There are Key Stages of Response and Recovery



Ongoing Resilience Strengthening At Key Points Along Preparedness Continuum Can Create More Efficient Plans, Shorten Recovery Time



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There are Challenges to Resilience Building

- Confusion over scope and intent



- Even when definitions are clear, communities struggle with how to translate resilience frameworks into actions for change in communities

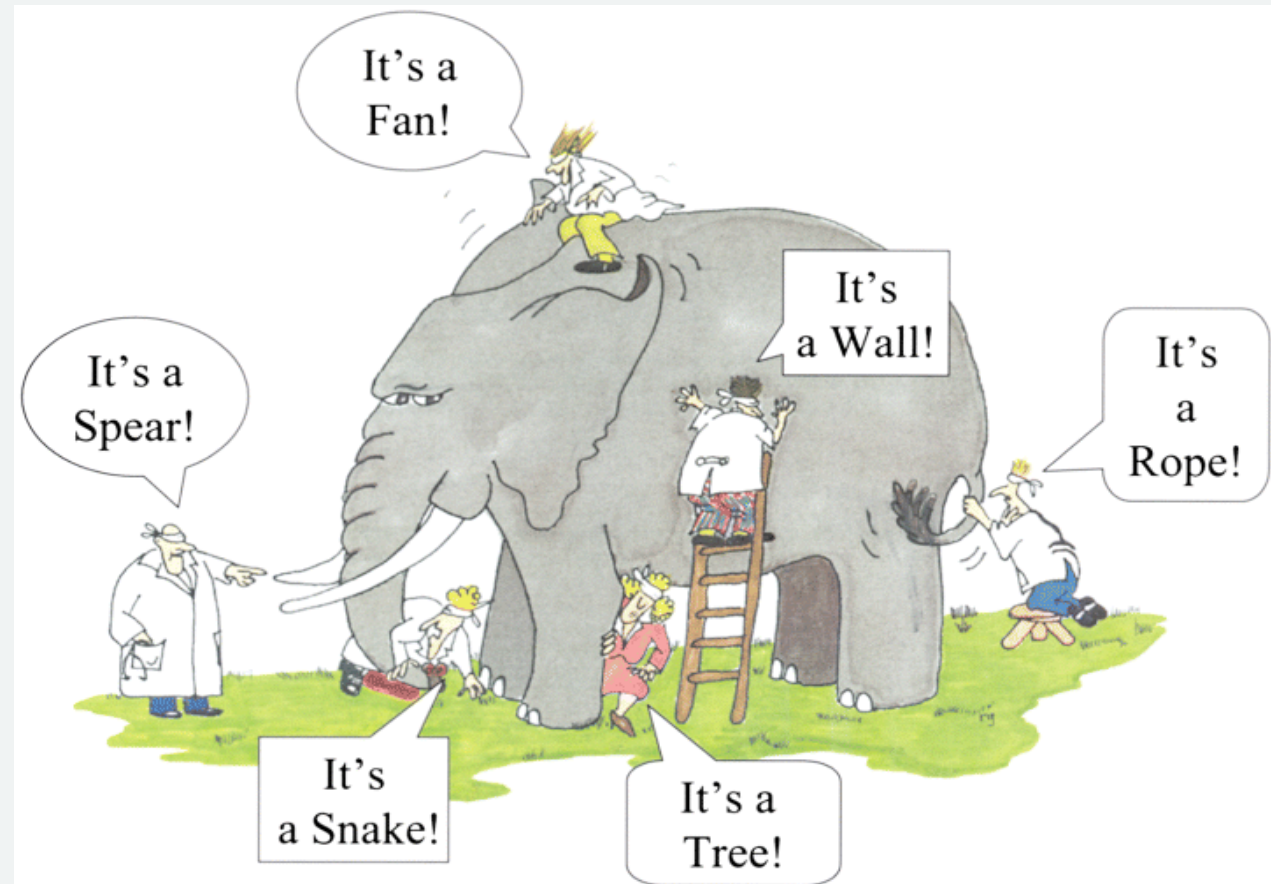


- Limited measures of impact



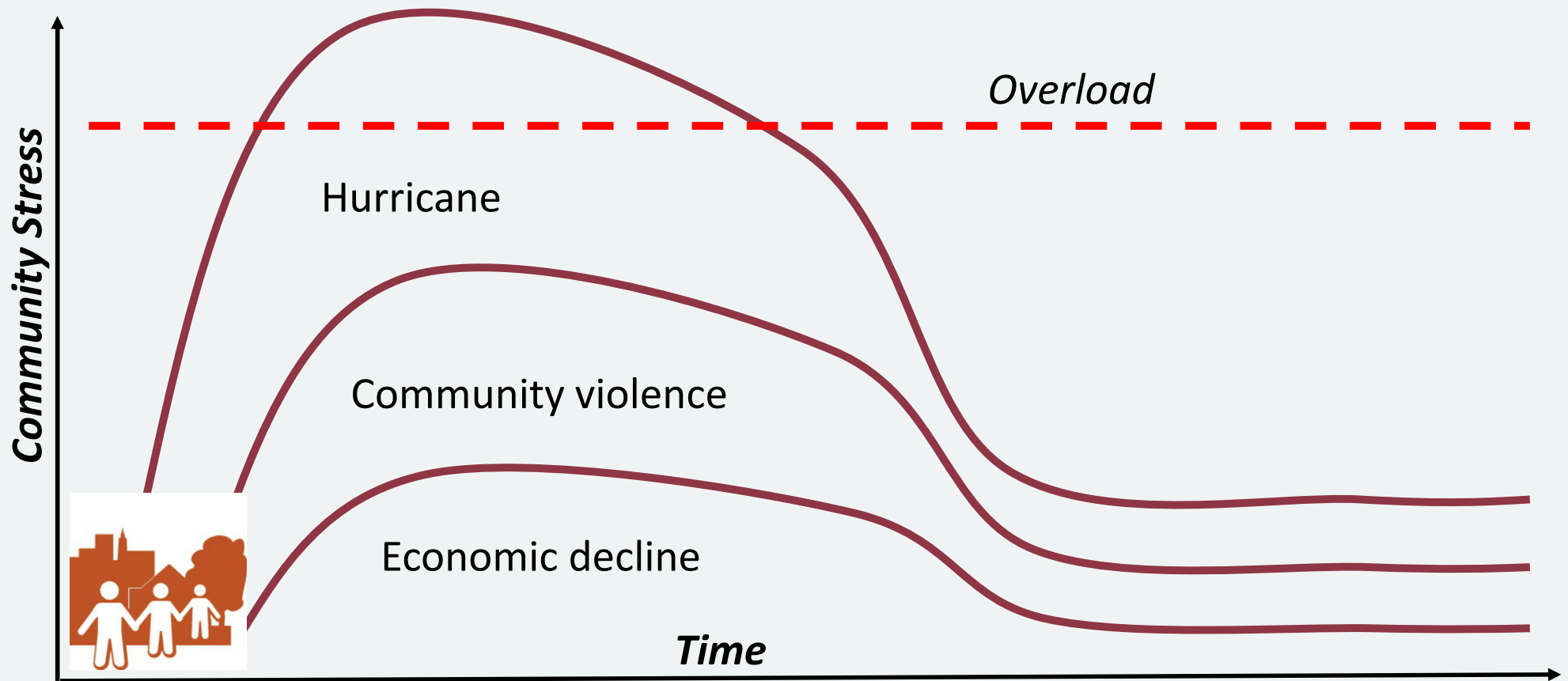
There are Challenges to Resilience Building

Siloed thinking

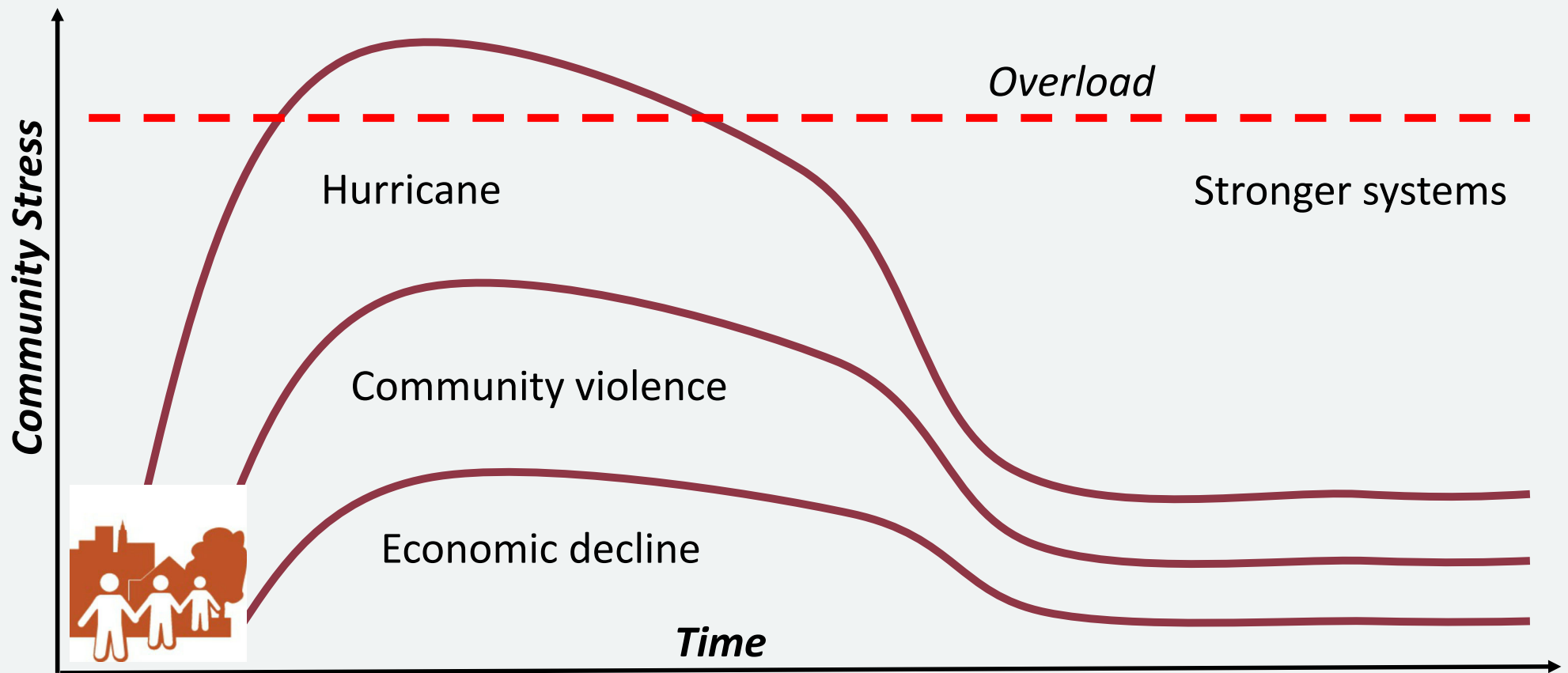


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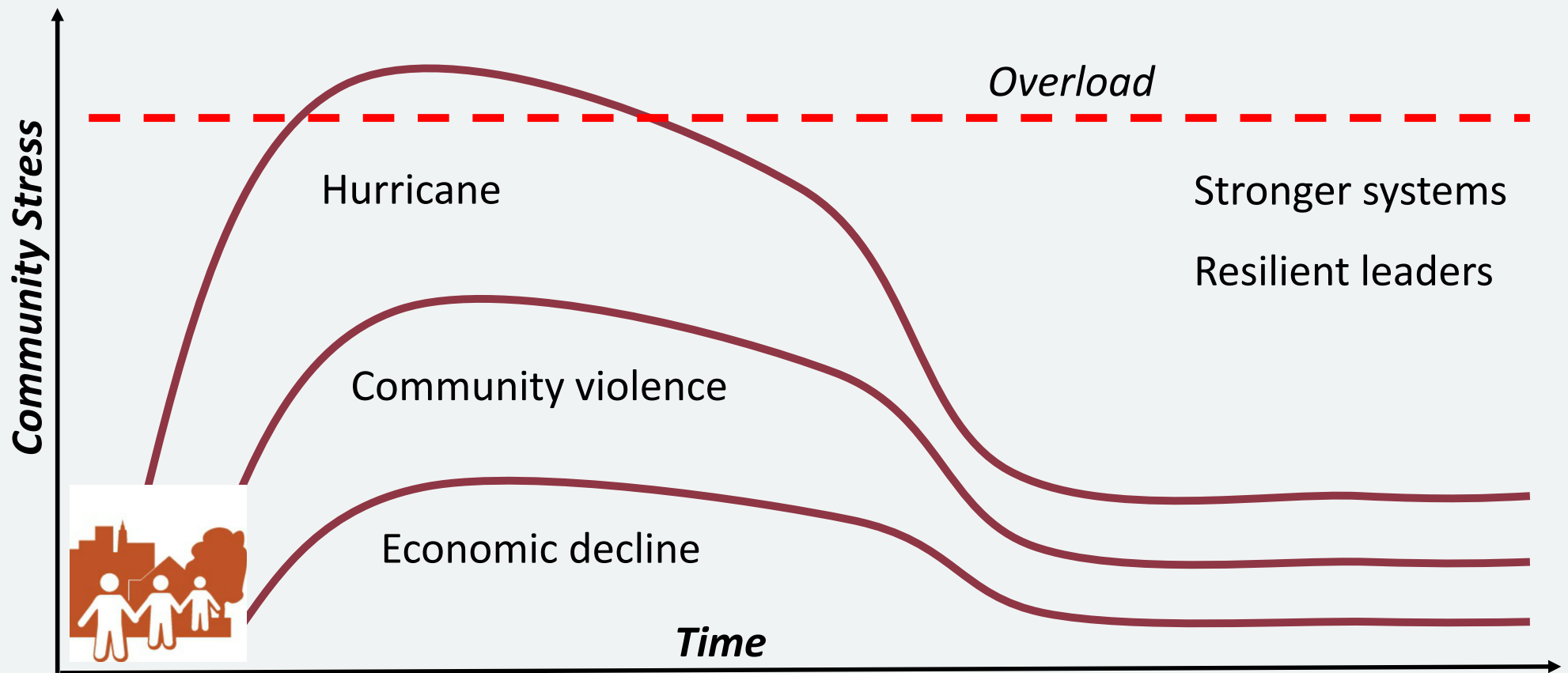
But We Can Rise to Meet Those Challenges



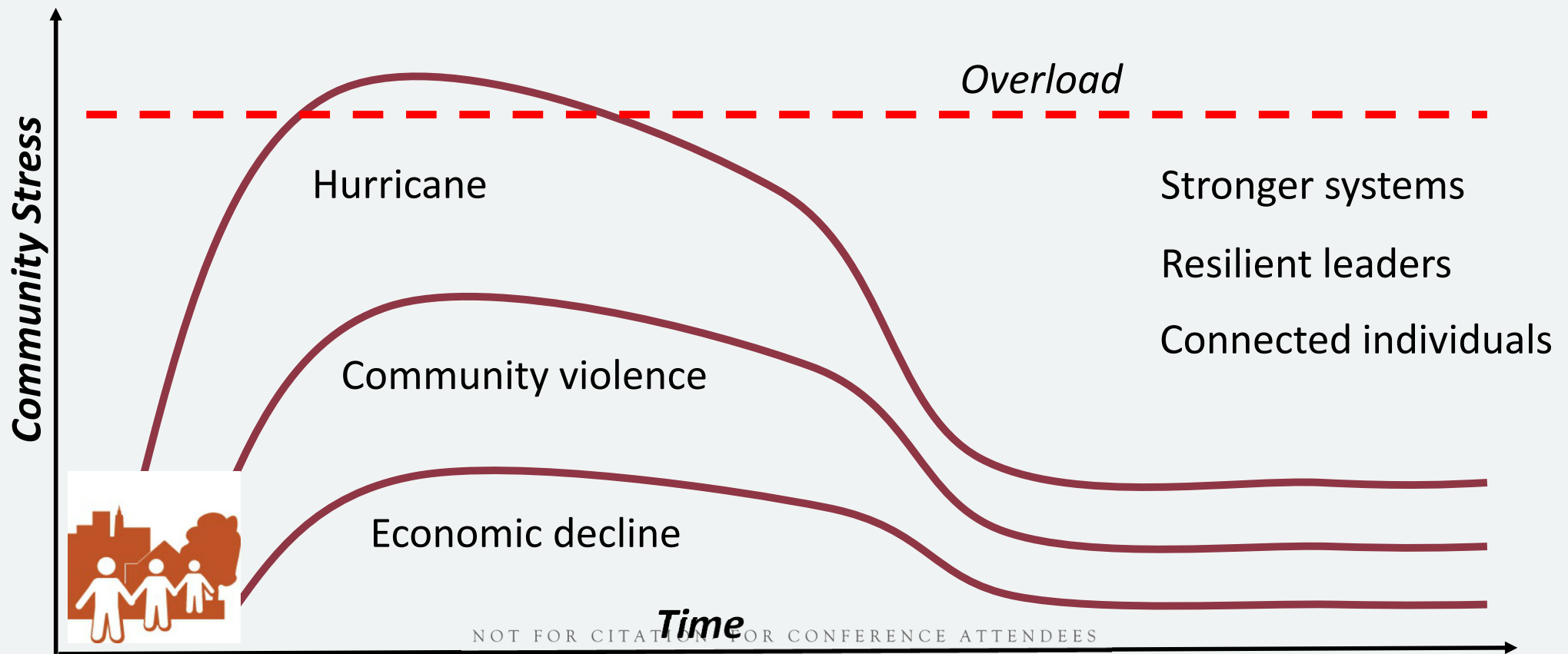
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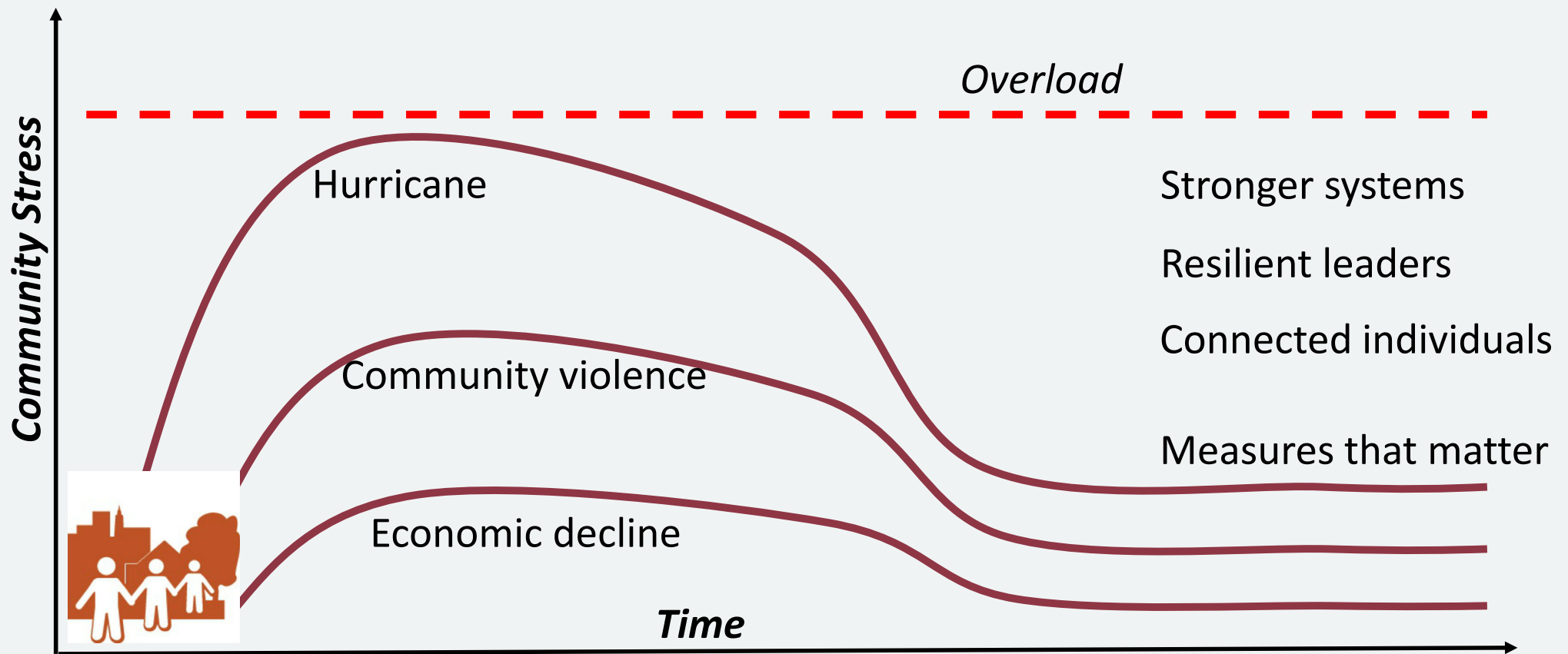
But We Can Rise to Meet Those Challenges



But We Can Rise to Meet Those Challenges



But We Can Rise to Meet Those Challenges



A Whole Community Approach Presents a Unique Opportunity for Communities



- Requires 'all hands on deck' to leverage community assets

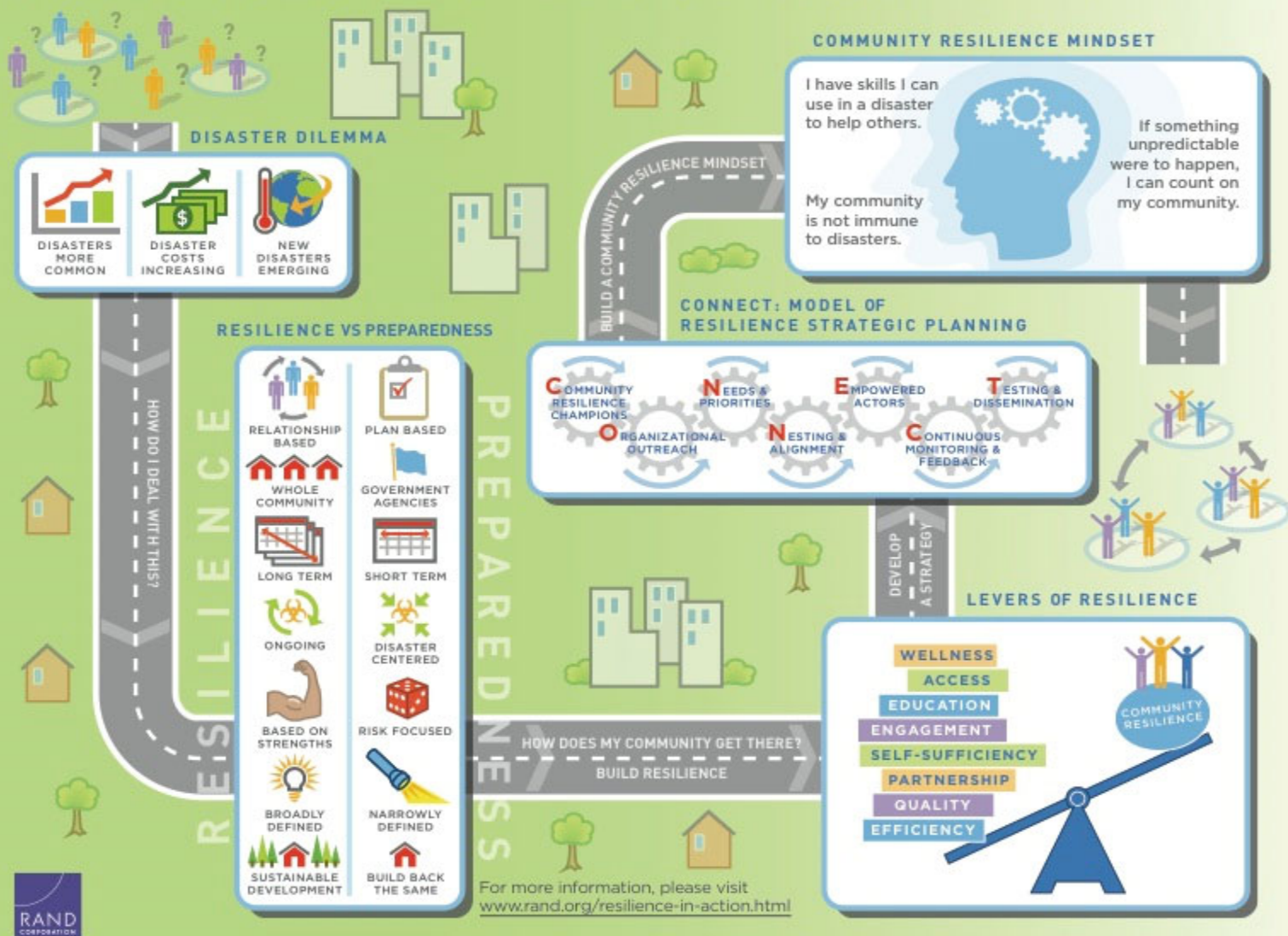
- Emphasizes the building of community capacity



- Reorients communities towards a strengths-based approach

ROAD TO RESILIENCE

Building Stronger, More Sustainable Communities



Eight Levers Can Enhance Community Resilience



From RAND, Chandra et al. 2011

For these next questions....

***Put your ideas and responses in chat, if you want to share
with the group!***



Wellness

- ✓ What activities are you doing to address the emotional and social well-being of your community members?
- ✓ Do you have educational programs that discuss how health and wellness make it easier to address life shocks and stresses?



Access

- ✓ What barriers do your clients meet in order to get health, social, and financial supports?
- ✓ Do volunteering or other community service activities help to remove those barriers? Where do gaps continue?



Education

- ✓ Do your educational programs talk about resilience to life shocks *and* stresses?
- ✓ Do educational activities in your communities discuss different types of risk and how to reduce effects?
- ✓ Do communications include information about disaster recovery?

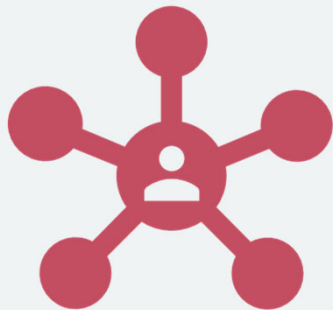


Engagement

- ✓ In what ways are vulnerable populations part of community plans?
- ✓ Do you have ways of mapping where vulnerabilities in the community exist—both to acute emergencies and long-term challenges?

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Self Sufficiency



- ✓ Do you live in places where neighbors help neighbors?
- ✓ How well are organizations connected and coordinated to share resources, without external support?
- ✓ Are there networks that can be used for long-term recovery, particularly for "sense of community" restoration and information?

Partnerships

- ✓ Do you have partnerships to conduct pre-event vulnerability assessments?



- ✓ Have you identified short and long-term indicators in these partnerships (e.g., connection to services, health outcomes)?



Quality

- ✓ What information do you track on resilience capacities and capabilities?
 - ✓ *Training*
 - ✓ *Resources*
 - ✓ *Outcomes after disaster*
- ✓ Can the data systems talk to each other?



Efficiency

- ✓ Do organizations that provide routine services synch up with those who do traditional disaster response?
- ✓ What emergency preparedness activities could you do all the time, or vice versa (finding dual and triple benefit...)?

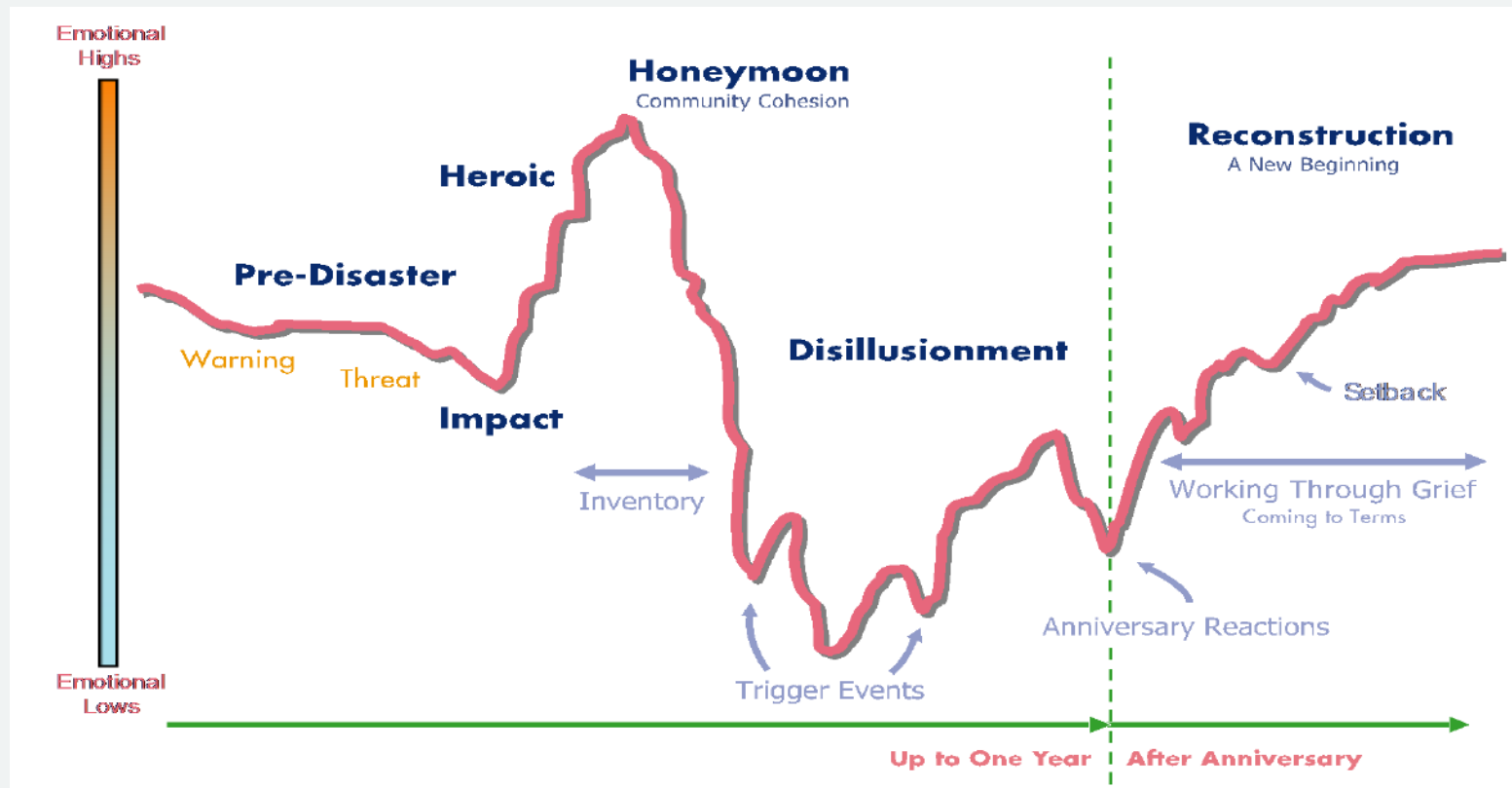


Behavioral Health Lessons Learned from the State and Local Response to Prior Disasters, Continue to be Resonant Post COVID



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Life Cycle of Disaster Recovery



U.S. Center for Mental Health Services

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Behavioral Health Care Often Is A Major Stumbling Block

- Often little anticipation of behavioral health care need in shelters
- Staff and bed capacity can be extremely limited
- Need for conducting behavioral health needs assessment always critical in response



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Public Health,
Mental/Behavioral
Health and CBOs
Tend to Need
Stronger
Partnership

Many family and CBOs can be left out of the planning equation, but are needed in the scramble to respond

Jurisdictions that engage in partnerships pre-disaster tend to be in a better position for response

Volunteers from CBOs Are Critical to Response

- Volunteers important but there often is still no consistent method of:
 - Credential verification particularly for behavioral health care providers
 - Resource and skill typing
- Workforce often experiences short- and long-term behavioral health problems

The Plan For Special Needs or At-Risk Populations Still Can Be Incomplete

- Historically, there has been relatively less focus on children; populations with serious mental illness, other behavioral health issues
- Challenges in locating these populations and determining plans of pre-identification, resource distribution

Specific Issues For Children and Disaster Behavioral Health

Implications for Providers

Many children do not experience natural recovery after disasters

Disaster exposure is only part of the picture: essential to screen for lifetime trauma history

Implications for Advocacy/Policy

Funding continues to be needed to support trauma-informed services, within a public health framework



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In COVID, Behavioral Issues Were Those Plus...

"In disaster and emergency responses, physical needs are often met first. This is not a bad thing; it is simply the result of seeing a broken roof and repairing it, seeing a hungry child and bringing them food. Physical needs are on the surface. They are easy to spot, and they are often the most quickly and easily met. But, regardless of a person's physical wellbeing, their mental wellbeing can be challenged during crises, as has been true for so many during COVID-19."

Jamie Aten, Humanitarian Disaster
Institute

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Open Ended Question for Chat

What made you anxious the most because of COVID?

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A Few Key Findings from COVID and Behavioral Health Work

- College students who were forced to leave their studies in person faced increased psychological stress and anxiety, especially those living alone and those with unstable financial situations.
- Older adults suffered from social isolation while social distancing, and it.
- Frontline medical workers continue to be at higher risk of mental health problems during COVID-19, including anxiety and depression.

*From: COVID-19 Mental Health Handbook,
Humanitarian Disaster Institute*

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Action Steps for Community Resilience and Behavioral Health Going Forward



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Open Ended Question for Chat

How did your community come together over the past year?

What worked well?

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Ensuring Informed and Empowered Individuals and Communities

- Community members are educated about health threats, with information about how to prepare, respond, and recover
- Partnerships and integrated cross-sector plans are in place at the community level
- Social networks are leveraged to enhance community education and awareness



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Community Members Are Educated ...

Ensure

Ensure that communications about community risks and threats are culturally and developmentally appropriate

- Include information about behavioral health impacts

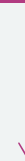
Incentivize

Incentivize communication that focuses on connections between individual and community preparedness (e.g., “neighbor to neighbor”)

Partnerships and Integrated Cross-Sector Plans are in Place at the Community Level

Establish or participate in existing partnerships to conduct pre-event vulnerability assessments

- Identify the behavioral health assets and potential risks



Identify key outcomes for and measures of resilience

- Consider short and long-term behavioral health indicators (e.g., connection to services, mental health first aid receipt, health outcomes)

Social Networks are Leveraged to Enhance Community Education and Awareness

- Assesses the location and robustness of social networks
- Consider how these networks are used for long-term recovery, particularly for “sense of community” restoration and information



High-Quality Communication with the Public

Identify, collect, and disseminate

Identify, collect, and disseminate successful strategies/practices for receiving information from the public both routinely and during an incident

- Consider ways to incorporate behavioral health
- Monitor behavioral health of community, general community ethos

Develop and disseminate

Develop and disseminate methods to effectively monitor for and address rumors and misperceptions circulating during an incident

- Identify ways to lessen anxiety, other stressors



Community Will Have a Capacity for Health, Behavioral Health, and Social Services Recovery



- Establish recovery coordination capacity to reconstitute health, behavioral health, and social services infrastructure at the local, state, territorial, tribal, and federal levels
- Create plans to promote recovery of the affected community members and responders with behavioral health and social services needs

Persistent Resilience Questions to Address

Today, what are the best ways to frame disaster preparedness in the context of resilience?

What new approaches should be used to facilitate social reengagement of people following disasters and promote social connectedness?

What measures capture and reliably predict resilience to any emergency, community stress, or large-scale disaster?

What policies and programs are needed to shift the paradigm of disaster response from episodic to continuous? What is the role for climate change?