



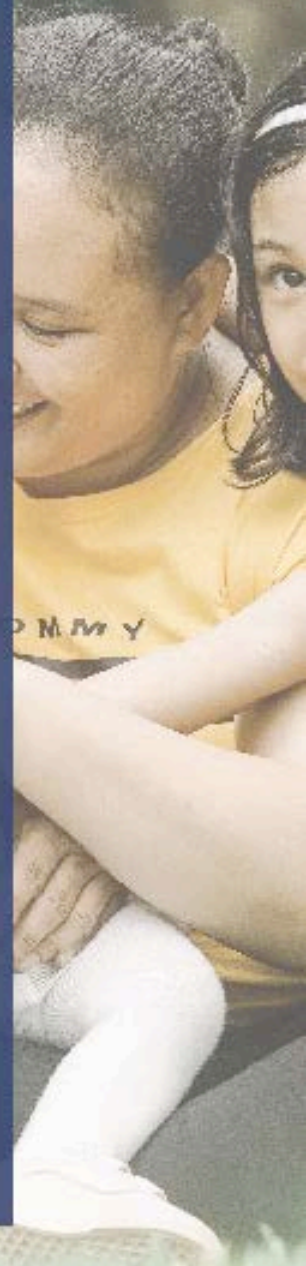
January 2022

Reframing Public Health Through a Community Resilience Lens

Brief

Maine Resilience
Building Network

www.maineresilience.org





**Reframing Public Health Through a Community Resilience Lens - The Maine Resilience
Building Network (MRBN)
Brief
January 2022**

Numerous reports have highlighted the current state of mental and physical health issues in the context of an array of challenging social conditions. The COVID pandemic has shed light on serious issues that have previously existed. For example, The US Surgeon General has issued a “Surgeon General’s Advisory on Protecting Youth Mental Health” (2021). Surgeon General Vivek Murthy, recognizing that these issues predate, but are exacerbated by the pandemic, stated, “Mental health challenges in children, adolescents, and young adults are real and widespread. Even before the pandemic, an alarming number of young people struggled with feelings of helplessness, depression, and thoughts of suicide — and rates have increased over the past decade. The COVID-19 pandemic further altered their experiences at home, school, and in the community, and the effect on their mental health has been devastating. The future wellbeing of our country depends on how we support and invest in the next generation. Especially in this moment, as we work to protect the health of Americans in the face of a new variant, we also need to focus on how we can emerge stronger on the other side”. In the Fall of 2021, several leading child health organizations including the American Academy of Pediatrics declared a National State of Emergency in Children’s Mental Health, stating “As health professionals dedicated to the care of children and adolescents, we have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic.” (AAP, AACP, CHA, 2021)

Maine was facing a youth mental health crisis, even as we headed into the pandemic. According to the 2019 National Survey of Children’s Health, Maine has the nation’s highest rate of children with diagnosed anxiety disorders, and the third highest rate of children with diagnosed depression. In the 2019 Maine Integrated Youth Health Survey (MIYHS), 20 percent of middle school students and 16 percent of high schoolers said they have seriously considered suicide. At the same time, 41 percent of middle school students and 43 percent of high school students said they don’t feel they matter in their community. The numbers are even higher among high school students who identify as LGBTQ, with 63 percent saying they don’t feel they matter. Without that sense of connectedness, youth lack a key protective factor for anxiety, depression, suicide, and other diseases of despair - substance use and excessive alcohol use.

A Special Report from the US CDC regarding social connections to prevent suicide, adverse childhood experiences (ACEs) in context of the COVID-19 pandemic addressed the issue as

magnified due to the pandemic: “The COVID-19 pandemic has affected the ways that many individuals are able to safely interact and socially connect due to public health prevention strategies implemented to slow the spread of COVID-19. Local, city, and state government, community organizations, and public health and medical practitioners should consider the adaptation and development of existing and new programming, resources, and activities **that support and strengthen social connection**. In addition to implementing programs, policies may help address systemic and structural barriers to social connection...” (Bledsoe, 2021).

To assure that community-based public health prevention initiatives are addressing the root causes of these health issues and addressing health equity, it is necessary to reframe public health as implemented in the community by going upstream and assuring that community systems and collaborations are developed through **community resilience strategies**. Upstream prevention strategies have been recognized as essential to address chronic disease and injury as well as the “diseases of despair”, suicide, substance use and excessive alcohol use, especially in the context of an opioid use epidemic. (Trust for America’s Health, 2017, 2021).

MRBN is working with multi-sector stakeholders to develop and disseminate a strategic approach to reframing community-based public health through the lens of Community Resilience. This will enable community health, social and economic development activities to build equitable structures that are supportive of sustainable health promoting initiatives. The multi-sector partners include health care, public health, state and community-based organizations, youth-serving organizations, business, civic and education. People with lived experiences must be engaged as well. The resulting systems support is critical for primary prevention of issues such as “diseases of despair.”

The initiative leverages and builds upon the work previously done by the Maine Health Access Foundation (MeHAF) in the Community-Based Initiatives portfolio (as reported in Foster et al 2021) and the work of MRBN on advancing social connectedness through the Cultivating Mattering for Maine Youth initiative, of which MeHAF provided some funds through the Discretionary Grants Program.

Reframing Public Health Through the Community Resilience Lens:

Public health has frequently focused on specific problems- tobacco prevention and control, HIV prevention, substance use disorder and recently the opioid epidemic, etc., or on specific populations- adolescent health, healthy aging, etc. Initiatives like Healthy Communities have utilized a community assessment to determine community health issues and develop strategies to address them. Overall, once the community assessment is complete, the community health improvement strategies continue to focus on specific health issues or populations, and for the most part this is appropriately so. MeHAF recognized the need for a shift and strategically framed their Community-Based Initiatives portfolio to address this shift (Foster, et al, 2021). This current initiative addresses the need to revisit the shift and provide the context of community resilience as a necessary reframing for promoting health in the community.

Traditionally, community resilience-building initiatives have focused on disaster preparedness and recovery such as weather/climate related issues. We can learn from these community resilience experiences and apply the learnings to develop a reframed approach to public health at the community and systems level. Community resilience, in this case, may include the traditional disaster preparedness and recovery view, however, the view is broadened to reframe the public health strategies to address the root causes of toxic stress, childhood adversity (often reflected through ACEs) and foster cross sector collaborations for systemic shifts to build community resilience. In this reframed view, health systems and providers, community organizations, businesses, school systems and others work collaboratively to build community systems to, and as described by Ellis and Dietz (2017) and Norris, et al (2008), include “the capacity to anticipate risk, limit effects, and recover rapidly through survival, adaptability, evolution and growth in the face of turbulent change as stress.” It involves several capacities including economic development, social capital as evidenced by social networks and supports that include families and other community members, effective communication between residents and community agencies, civic engagement and advocacy-for health and economic systems designed for prosperity and thriving youth, and other factors. A community resilience strategy involves upstream, protective factors and addresses root causes of social determinants of health. Strong social support and social connectedness is key to a resilience-framed community health model. The Community Resilience Frame enables community-driven solutions, will be important for health equity, and to support a stronger developing workforce in Maine.

Additionally, it has been increasingly recognized that the social determinants of health (SDOH) - the conditions in which we are born, live, learn, work, play, worship, and age have a profound impact on health. They influence the opportunities available to us to practice healthy behaviors, enhancing or limiting our ability to live healthy lives. The SDOH are important frames for public health action and to substantially improve public health outcomes, SDOH framed strategies must be an integral part of public health at all levels. The Community Resilience-framed approach to public health enables community-driven solutions to a wide range of health issues. MeHAF recognized this and supported initiatives that applied a theory of change that “systems change is more effective and sustainable when communities develop cross-sector partnerships and engage community members in planning...focusing on systems change rather than individual health outcomes” (Foster et al, 2021).

The US CDC’s National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has indicated that Social Connectedness is one of the five priority Social Determinants of Health, “Social connectedness is the degree to which individuals or groups of individuals have and perceive a desired number, quality, and diversity of relationships that create a sense of belonging and being cared for, valued, and supported.” The US DHHS’s Healthy People 2030 states, “People’s relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being...Positive relationships at home, at work, and in the community can help reduce these negative impacts. But some people — like children whose parents are in jail and adolescents who are bullied — often don’t get support from loved ones or others. *Interventions to help people get the social and community*

support they need are critical for improving health and well-being.” In addition, initiatives to address social determinants and social connectedness should be inclusive of those with lived experiences, including BIPOC communities, LGBTQI, and other marginalized communities.

In context of current social conditions, these issues are increasingly salient. The importance of **social connectedness** has recently been magnified, along with the flip-side- the public health issue of social isolation. An important Health Policy Brief in *Health Affairs*, (June 2020) published with support by the Robert Wood Johnson Foundation, indicated that “social isolation is a significant contributor to morbidity and early mortality.” With the COVID-19 pandemic and the associated recommendations regarding sheltering in place, self-isolation, and social distancing, these consequences may be more salient.” Recently, *Grantmakers in Health* and *Grantmakers in Aging* presented a webinar on “Advancing Social Connectedness for All”, stating, “Far from being a personal choice, social isolation stems from community designs and systemic injustices that keep people and neighborhoods apart. We must reshape our communities in ways that support meaningful social connection among residents, improve trust between neighbors, and strengthen an overall sense of belonging and community.” The 2021 American Public Health Association (APHA) Annual Meeting focused on “Creating the Healthiest Nation: Advancing Social Connectedness” and passed a Policy Statement on “Advancing Public Health and Equity Through Prevention and Reengagement of Disconnected (Opportunity) Youth”.

MeHAF’s initiatives uncovered that social isolation impacts youth significantly, as it does with older people. The issue has unfortunately persisted for youth and is reflected in the MIYHS (Maine Integrated Youth Health Survey) data that shows that a large proportion of Maine youth do not feel they matter in their community. It is in recognition and response to this data that MRBN initiated the *Cultivating Mattering for Maine Youth* initiative.

A significant report issued by Healthy Places By Design (2021), ***Socially Connected Communities, Solutions for Social Isolation***, highlights the need to address social connectedness for community health: “This means that solutions which rely solely on programs, promotions, and education are not enough. They must also be intentionally integrated with community-level environments, policies, and systemic supports that are designed for specific results—in this case, for meaningful social connection... This priority can help address past and current traumas due to structural and systemic oppression, and build more cohesive, resilient, and equitable communities where everyone is able to thrive.”

MRBN responds: *Cultivating Mattering for Maine Youth, Social Connectedness and Community Resilience*:

In 2020, MRBN launched “***Cultivating Mattering for Maine Youth***” with a long-term goal of shifting the culture and changing systems to support Youth Mattering as a social norm that is measured and valued by schools, organizations, and communities.

Psychologist Gordon Flett explains why mattering in community is so important for youth: “Imagine the adolescent who doesn’t have a sense of mattering at home but also doesn’t have a sense that they matter in their community. Where are they going to go?” Mattering is strongly linked to the protective factor of social connectedness. As stated above, the US CDC’s National

Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has indicated that Social Connectedness is one of the five priority Social Determinants of Health. The Cultivating Mattering for Maine Youth initiative is focused on enhancing social connectedness as a protective factor for all of Maine’s youth. While families are the primary connection points between youth and adults, they can’t do it alone. Schools can support connectedness and resilience through Social Emotional Learning as students learn to establish and maintain supportive relationships, manage their emotions, and make responsible decisions. School systems can utilize The Whole School, Whole Community, Whole Child, or WSCC model, the US CDC’s framework for addressing health in schools. The WSCC model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement and the importance of evidence-based school policies and practices.

Communities can support safe, inclusive public spaces, housing, and transportation to create environments where youth can thrive. To truly elevate Youth Mattering/social connectedness and have support for youth to thrive, it is critical that communities, businesses, governments, schools, and civic organizations collaborate to change systems and policies to support social connectedness through a Community Resilience-framed public health strategy. This reframing takes communities and systems upstream so that other community health initiatives are strongly supported for sustainable success, assuring long-standing root causes of health issues and health inequities are addressed.

Next Steps in Reframing through a Community Resilience Lens

MRBN is working with a multi-sector, multi-level group of Maine stakeholders to develop a strategic approach to reframing community-based public health through the lens of community resilience, with an emphasis on equity. MeHAF has provided seed funding to commence the strategic process. The reframe posits that such an approach will enable a stronger, sustainable foundation for primary prevention and support of protective factors for a broad range of health issues, inequities, and their root causes. MRBN recognizes that they alone won’t change public health; however, by championing this reframe, and working over time with key stakeholders, a Community Resilience approach to community-based public health will be identified as a desirable strategy.

MRBN will create the lens/framework and will subsequently seek to deploy “Community Connectors” so that MRBN can serve as the catalyst to help communities develop community generated strategies and solutions.

The planned design approach is to engage key national subject matter experts (SMEs) to inform the strategy; to engage Maine key influentials in health, government, business and business associations, civics, youth, community organizations, people with lived experience and the organizations representing them and others; and will provide a consensus approach for the development, stakeholder review and refinement of the Community Resilience Framework for Maine’s communities.

References

- American Public Health Association, Advancing Public Health and Equity through Prevention and Reengagement of Disconnected (Opportunity) Youth, Policy Number: 20214, October 2021, <https://apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2022/01/07/Advancing-Public-Health-and-Equity-through-Prevention-and-Reengagement-of-Disconnected-Youth>
- American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association, 2021, <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>
- Bledsoe M, Captanian A, Somji A. Special Report from the CDC: Strengthening social connections to prevent suicide and adverse childhood experiences (ACEs): Actions and opportunities during the COVID-19 pandemic. *J Safety Res.* 2021 Jun;77:328-333.
- Data Resource Center for Child and Adolescent Health, National Survey of Children's Health, 2019. (<https://www.childhealthdata.org>)
- Ellis WR, Dietz WH. A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model. *Acad Pediatr.* 2017 Sep-Oct;17(7S):S86-S93. doi: 10.1016/j.acap.2016.12.011. PMID: 28865665.
- Foster, S., Doksum, T., & Dwyer, C. (2021). Shifting Power in Maine: Findings From a Six-Year Community-Based Health Initiative. *The Foundation Review*, 13(2). <https://doi.org/10.9707/1944-5660.1561>
- Grantmakers in Aging and Grantmakers in Health, "Social Connectedness for All" (<https://youtu.be/IVx0mek3Fos>).
- Healthy Places by Design, Socially Connected Communities: Solutions for Social Isolation, 2021 https://healthyplacesbydesign.org/wp-content/uploads/2021/03/Socially-Connected-Communities_Solutions-for-Social-Isolation.pdf
- Holt-Lunstad, J "Social Isolation And Health, " *Health Affairs Health Policy Brief*, June 21, 2020. DOI: 10.1377/hpb20200622.253235
- Maine Department of Education, SEL4ME, (<https://www.maine.gov/doe/sel/sel4me>),
- Maine Integrated Youth Health Survey, 2019, (<https://www.maine.gov/miyhs/>)
- Norris FH, Stevens SP, Pfefferbaum B, Wyche KF, Pfefferbaum RL. Community resilience as a metaphor, theory, set of capacities, and strategy for disaster readiness. *Am J Community Psychol.* 2008 Mar;41(1-2):127-50. doi: 10.1007/s10464-007-9156-6. PMID: 18157631.
- Office of the Surgeon General (OSG). Protecting Youth Mental Health: The U.S. Surgeon General's Advisory [Internet]. Washington (DC): US Department of Health and Human Services; 2021. PMID: 34982518. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
- Trust for America's Health/Well-Being Trust, Pain In the Nation, The Drug, Alcohol and Suicide Crises and the Need for a National Resilience Strategy, 2017, <https://www.tfah.org/report-details/pain-in-the-nation/>
- Trust for America's Health/Well-Being Trust, Alcohol, Drug and Suicide Epidemics- Special Feature: COVID-19 and Trauma, 2021, <https://www.tfah.org/report-details/pain-in-the-nation-series-update-2021/>
- US Department of Health and Human Services, Healthy People 2030, Social and Community Context, <https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context>
- US DHHS, CDC, Whole School, Whole Community, Whole Child, <https://www.cdc.gov/healthyschools/wsc/index.htm>
- US DHHS, CDC, National Center for Chronic Disease Prevention and Health Promotion, Achieving Health Equity by Addressing the Social Determinants of Health, <https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>