Collective Impact for Community Resilience: A Collaborative Approach for a Complex Issue

S. A. Martin

Northeastern University, College of Professional Studies, P.O. Box 366228, Boston, MA 02136; s.martin@neu.edu

Abstract

Disaster resilience often times focuses on strengthening the ability of the natural and built environment to withstand the impacts of threats and hazards. Although these are very necessary areas of disaster resilience, they exclude considerations for the needs of people. How do we enhance the ability of people in the community to adapt, cope, and recover?

Much of the research on social resilience indicates that reducing social isolation by connecting people to close social networks, their neighbors, community resources, and the government reduces poor public health outcomes after disasters. The reduction of social isolation is a major factor in increasing the social resilience of communities. Social isolation is associated with many other social factors that increase people’s vulnerability to emergencies. Collective impact is a promising practice to facilitate action to tackle the complex social issues associated with building social resilience and more informed emergency planning for mitigation, response, and recovery.

Introduction

Disaster resilience and emergency management often times focuses on strengthening the ability of the natural and built environment to withstand the impacts of threats and hazards [1]. Although these are very necessary areas of disaster resilience, they exclude considerations for the needs of people: How do we enhance the ability of people in the community to adapt, cope, and recover?

Much of the research on social resilience indicates that reducing social isolation by increasing social capital: connecting people to close social networks, their neighbors, community resources, and the government reduces poor public health outcomes after disasters [2, 3]. The reduction of social isolation is a major factor in increasing the social resilience of communities [4, 5]. Social isolation is associated with many other social factors that increase people’s vulnerability to emergencies [6]. Collective impact is a promising practice to facilitate action to tackle the complex social issues associated with building social resilience and more informed emergency planning for mitigation, response, and recovery.
Social Factors that Increase Vulnerability

Social vulnerability exists in spite of hazards or where they impact. The literature indicated that vulnerabilities exist based upon pre-incident social circumstances [6]. Research provides insight into the post-incident outcomes from disaster exposure that socially vulnerable people are more likely to face because of their existing social circumstances. The categories used to identify pre-incident variables include age, race, income, household composition, family composition, housing type, disease/illness, access, language and literacy, non-residents, gender, and disability [7-9]. The specific social factors in these categories are determinants of vulnerability [6]. The more social determinants there are, the higher the vulnerability. Categories for post-incident outcomes include exposure to injury, death, illness, property damage, losing love ones, losing a business, or limited access to recovery services [10].

Much of the existing literature does not take into account the manner in which social vulnerability factors are often compounded to produce negative consequences. It is the combination of social factors that exponentially increases social vulnerability. Without the proper analysis, it is easy to make false assumptions about the characteristics of people because they belong to one of the at-risk groups. Members of individual population groups are not equally vulnerable. This results in long lists of populations that emergency planners are supposed to focus on in the absence of geospatial analysis of the interaction between social factors. Unfortunately, the current state of the discussion on social vulnerability in emergency management has been limited to lists of at-risk groups without further geographic and correlation analyses.

It is important to note that socially vulnerable groups are not merely victims; they are part of communities who are most knowledgeable about their needs and have a baseline level of resilience. They can work with emergency planners to support the development of inclusive planning. There are many circumstances that enable people to assist in some situations but require assistance in others [11]. Social vulnerability is not static and can be reduced if we commit to engage and strengthen institutional and individual capacity to cope and act to reduce risk [12].

Social vulnerability is the result of pre-emergency social factors that create a lack of capacity or capability to prepare for, response to, and recover from emergencies. Social vulnerability includes people who are more likely to suffer at disproportionate levels because of their existing social circumstances such as those associated with age, gender, race, medical illness, disability, literacy, and English proficiency, and social isolation [7]. Ultimately, social vulnerability contributes to lower community resilience [4]. The circumstances of people who are socially vulnerable increase the likelihood of social isolation, which is a lack of engagement in social ties, institutional connections, or community participation [6, 13, 14]. Social isolation in daily life or post-disaster is directly correlated with higher mortality [5, 15].
The following types of exposures are experience people have before an emergency that increase allostatic load: illness or illness to a parent or caregiver; residential instability (this includes displacement); death or illness of a close loved one; social isolation; limited opportunity to make their own decisions (low-decision latitude); and threat or violence [16]. Many of the same stressors people are exposed to before an emergency that increase poor physical and cognitive health outcomes are the same as the stressors socially vulnerable people are likely to face after an emergency: exposure to injury, death, illness, property damage, losing love ones, losing a business, or limited access to recovery services [10].

Community Resilience, Social Vulnerability, and Social Isolation

“Community resilience entails the ongoing and developing capacity of the community to account for its vulnerabilities and develop capabilities that aid that community in (1) preventing, withstanding, and mitigating the stress of a health incident; (2) recovering in a way that restores the community to a state of self-sufficiency and at least the same level of health and social functioning after a health incident; and (3) using knowledge from a past response to strengthen the community’s ability to withstand the next health incident” [4].

This is one of the most comprehensive definitions of community resilience in the context of emergencies with other definitions having similar elements. The missing element of this and other definitions is: What does a resilient community looks like when there is no emergency? The healthier and more socially connected communities are before an emergency, the healthier and more socially connected they are afterwards [1, 17]. Therefore, the traditional ways we conceptualize healthy communities are the same factors that represent community resilience in daily living. According to the World Health Organization and the U.S. Department of Health and Human Services, health is a state of complete physical, mental, and social well-being and not merely the absence of illness: A healthy community is one that continuously creates and improves both its physical and social environments, helping people to support one another in aspects of daily life and to develop to their fullest potential [18].

Socially vulnerable people experience high levels of adversity in their daily lives. This higher level of chronic stressors significantly increases the use of physiological responses that wear the body down over time [19]. The sum of exposure to chronic stressors over time and repeated heightened physiological response is referred to as allostatic load [20]. Allostatic load is a framework for the collective cognitive and physical deterioration the body experiences because of continual exposures to stressors during the course of our lives. The more stress people experience the quicker and more significantly their physical and mental health is worn down. There is increasing evidence that the cost to the body from allostatic load interferes with people’s ability to adapt to future stressors [20]. Additionally,
allostatic load has been considered the biological link that explains disparities in mortality and morbidity based on social conditions and characteristics [16].

Chronic stressors cumulatively reduce the physical and psychosocial resilience of vulnerable people in our communities. An acute stressor, such as a disaster, can deplete any remaining physical and psychosocial resilience. Additionally, when interactions with the institutions that are supposed to be there to help are not supportive, there is an immediate physical reaction that contributes to poor health [14]. Without consideration for social conditions of communities in emergency plans, municipalities may contribute to the allostatic load thereby becoming a contributor to unnecessary additional suffering and poor recovery outcomes.

Social isolation seems to be the most consistent contributor to increasing social vulnerability [6]. Social isolation refers to a lack of engagement in social ties, institutional connections, or community participation [13, 14]. However, there are protective factors that help individuals and communities cope with adversity and reduce social isolation. Protective factors include building neighborhood social connections and improving access to government, community, non-governmental, and private sector services before and after an emergency [4, 21, 22].

**Emergency Management & Public Health: An Opportunity for Collaboration**

The *National Mitigation Planning Framework*, the *National Response Framework*, and the *National Disaster Recovery Framework* indicate that local government has the largest number of roles and responsibilities that advance mitigation; most incidents begin and end at the local level, and leadership is provided locally for any support from federal agencies during recovery efforts [23-25]. Emergency managers can partner with local public health which has a community resilience capability within the Public Health Preparedness Capabilities that builds upon daily programmatic work in which local health departments are already engaged to respond to and recover from emergencies [26].

“National health security is a state in which the Nation and its people are prepared for, protected from, and resilient in the face of health threats or incidents with potentially negative health consequences” [27]. Community resilience in the context of health security represents a unique intersection of emergency management, traditional public health, and community development, with its emphasis on preventive care, health promotion, and community capacity-building [4]. Community health resilience is the ability of a community to use its assets to strengthen public health and healthcare systems and physical, behavioral, and social health to withstand, adapt to, and recover from adversity [28]. This approach focuses on building resilience in people and communities rather than the more popular focus on the environment and infrastructure.
Inclusive planning and community resilience is an issue of national health security [27], emergency management, and overall national security [4]. The *National Health Security Strategy* focuses on the nation’s goal to protect people’s health in the case of any incident that puts health and well-being at risk. In 2006, the Pandemic and All Hands Preparedness Act required the U.S. Department of Health and Human Services (HHS) “to integrate the needs of at-risk individuals on all levels of emergency planning, ensuring the effective incorporation of at-risk populations into existing and future policy, planning, and programmatic documents.” Although this is a national mandate for HHS, this is a principle that can help local emergency planners guide their mitigation, response, and recovery efforts towards inclusion and resilience.

However, local governments have been slow to engage diverse communities and incorporate their needs into mitigation, response, and recovery planning. Existing emergency management efforts often result in municipalities preparing to support a homogenous community during large-scale emergency or disaster without accounting for the complex interaction of social, physical, and hazard environments (U.S. Department of Homeland Security, 2010a). Some emergency plans acknowledge that socially vulnerable populations exist in communities. However, there is a lack of clear explanation on how emergency plans will incorporate the needs of these populations. Most plans are designed for people who can walk, run, drive, see, hear, pay, and quickly respond to directions [9, 29]. These planning assumptions do not align with the reality that at least half of the American population could be considered vulnerable to disasters because of their existing social circumstances [9].

Emergency management partners can play a role in increasing community resilience by developing emergency plans and engagement strategies based on an understanding of the social challenges in the community as well as the strengths and resources. Abram H. Maslow identified a hierarchy for human motivation based on needs for physiological, safety, belongingness and love, esteem, and self-actualization [30]. Maslow later added self-transcendence to the hierarchy to represent seeking benefit beyond one’s own or for the good of other people [31]. If community members are struggling with putting food on the table, it is probably not the best strategy to focus engagement on emergency preparedness kits. When basic needs are not met, meeting them is the priority and all other needs fade into the background [30]. Although many of us have learned this rudimentary concept, we often times forget it is practice. When physiological needs are met they are no longer active drivers of behavior and other more social goals can emerge like safety [30]. Safety includes a “predictable, orderly world” [30]. Community members witnessing or experiencing assaults, murder, and social injustice are also not going to be interested in learning about seemingly distance future disasters, when their sense of safety is being threatened now.

**Opportunity for Collective Impact**

With some areas of our communities bearing a disproportionate burden of threats to physiological needs and safety before and after emergencies, emergency
managers have to think differently about ways to play a role in reducing the impact of emergencies on lives and property. This is an opportunity to use collective impact to develop strategies that support enhancing community resilience.

Collective impact is a systemic approach to social impact that focuses on the relationships between organizations and the progress toward shared objectives; these initiatives typically have five conditions that together produce true alignment and lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations [32].

Emergency management planners can partner with public health preparedness planners to conduct community resilience assessment using the Social Determinants of Vulnerability to target outreach to organizations and community leaders to identify strengths and protective factors in neighborhoods [6]. Research on increasing resilience often advocates for the development of new coalitions and initiatives to build community resilience [4, 33]. However, this does not acknowledge that there is existing activity within communities that contributes to resilience. Collective impact can be leveraged to bring together existing government, civic, community, and private organizations that are already engaged in community resilience building activities (usually not categorized as such) to develop a common agenda and strategies to decrease social isolation and target specific social determinants of vulnerability at the neighborhood level.

Each neighborhood will have a unique combination of social determinants of vulnerability to emergencies [6]. The information from the community resilience assessment can help to identify respective social determinants of vulnerability within neighborhoods across a jurisdiction. This becomes the foundation for assessment of the existing landscape in communities [34]. Once partners are identified in each neighborhood, a common agenda can be developed that represents a shared vision for change, understanding of the problem, and a joint approach to addressing the problems based on agreed upon actions [32].

There is a level of resource investment in a backbone organization to serve as the drivers for the entire initiative. The lack of supporting infrastructure for collaboration has been cited as a frequent reason for failure [32]. The backbone organization brings together partners to facilitate the alignment of each participant in undertaking the specific set of activities at which it excels in a way that supports and is coordinated with the actions of others to achieve the plan of action [32, 35].

Collective impact initiatives develop shared measurement system to understand the ways success will be measured and reported [32]. In order to ensure a learning culture, these initiatives must have continuous communication through regular meetings and virtual interactions via web-based tools. An evolution of collective impact has been creating space for involvement from community members [36].

Conclusion
The common definitions of resilience in the context of emergencies focus on coping in the face of adversity. However, what does resilience look like in the absence of adversity? The author proposes that communities with lower resilience are barely surviving, while communities with higher resilience are thriving. Communities that are barely surviving have higher rates of and combinations of social determinants of vulnerability; they are constantly struggling to meet basic physiological needs and obtain a sense of safety which detracts from their ability to fully engage in community, civic, policy, and political decisions. This paper includes a brief review of collective impact which has many levels and moving pieces than allowable space for this paper. Ultimately, collective impact provides an opportunity for emergency planners in emergency management and public health to join communities in this struggle with a focus on reducing the threat of emergencies to lives and property to ultimately increase resilience and support healthy, thriving communities.

References


