**Resilience Catalysts in Public Health**

Resilience Catalysts in Public Health (RC) is a national collaborative of local health departments (LHDs) seeking to eliminate adversity, build resilience, and foster equity. Using the Community Resilience Framework aligned with the goals of Public Health 3.0, LHDs apply a public health approach to address both adverse childhood experiences and adverse community environments.

**THE OUTCOMES COMMUNITIES ACHIEVED**

Communities reported four key outcomes from the RC process—a series of tailored technical assistance activities focused on building place-based coalitions for policy, program, and practice change.

- 57% Deepened insights into inequities
- 52% Strengthened and expanded partnerships
- 52% Enhanced systems-level thinking skills
- 52% Improved understanding of community assets

**THE SUSTAINABILITY OF COMMUNITY RC INITIATIVES**

On average, communities agreed that most elements needed to maintain and sustain their efforts after completion of the RC process were present.

- My community’s initiative will continue.
- I am personally committed to the initiative.
- I am committed to dedicating time/resources.
- I would like to stay engaged.
- We have the financial resources needed.
- We have the staff capacity needed.

**RC IMPROVED CAPACITY TO ENGAGE IN EQUITY WORK**

Evaluation participants identified RC process activities that helped to set priorities, amplify community voices, address systemic issues, and build consensus among partners within their unique contexts.

- 56% Root Cause Analysis to identify the local systems, structures, policies, practices, and behaviors that contextualize adversity
- 46% Logic Model to specify what is being accomplished and how
- 63% Pair of ACEs Tree to understand the relationship between adversity within a family and within a community
- 56% Group Model Building to create shared understanding of systems and community experiences surrounding an issue

**RC IMPACTS ON LOCAL PUBLIC HEALTH**


- The entire (RC) process provided me with the ability to view the entire system, opposed to my individual siloed effort.

**Community engagement**

Evaluation findings emphasize community engagement in Public Health 3.0, underscoring the importance of diverse community perspectives and shared decision-making in the RC process.

**LHD infrastructure**

Sustainability of RC requires socializing concepts across LHD departments and integrating activities into existing processes (e.g., strategic planning, accreditation, community assessment).

**Systems thinking**

A focus on systems-thinking in public health training and education builds skills to identify and understand the community as a place-based system, advancing public health and community resilience.

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In April and May 2023, the Population Health Innovation Lab (PHIL) conducted an evaluation of RC, surveying 29 individuals from 11 of the 13 RC sites and interviewing 19 individuals from nine sites and 14 LHD providers/funders.

I personally was able to identify… that in all the five areas that we looked at, there was an ‘isms’ as the root cause… it was racism and the other was sexism.”

—LHD Representative, RC Cohort 3

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