Davis4Health

Community Resilience Assessment

2023

DAVIS **4** HEALTH

DC Davis COUNTY HEALTH DEPARTMENT

Acknowledgments

Assessment contributors:

- Claire Shiple
- Isa Perry
- Hillary Christensen
- Cody Mayer
- Logan Hyder

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- Survey respondents for providing their their valuable input
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- Those who reviewed the assessment and contributed their feedback

This report was prepared in December 2023.

Questions about this report can be directed to healthstrategy@co.davis.ut.us

Davis County Health Department
22 South State Street
Clearfield Utah, 84015

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Executive Summary

Resilience is the ability to bounce back from life's challenges.

PURPOSE: Measure the characteristics, relationships, and connection to community that make up the personal resilience of Davis County adults.

METHODS

- Resilience was split into three domains: individual, relationship, and community.
- The survey was available in English and Spanish, and electronically or in a paper format.
- The survey was administered in the summer of 2022.
- The respondents were demographically similar to the Davis County population, except that women were overrepresented.

RESULTS

Individual
- About 85% of respondents felt their income met their needs.
- Basic needs were met for most respondents, but meeting basic needs for physical activity and sleep could be improved.
- Respondents valued rest and renewal, but only about half reported having enough of it.
- Respondents largely agreed with individual resilience skill statements. They reported being best at calming themselves down, and needing improvement in asking for help when in need.

Relationship
- Respondents largely agreed with social skill statements. They reported being best at making it right when they hurt someone, and needing improvement in feeling safe talking to others about their feelings.
- When facing life's challenges, respondents were most likely to rely on immediate family and friends for support.

Community
- Respondents largely agreed with feeling safe where they live, and reported needing improvement in feeling that they have the opportunity to be involved in community decisions.
- Over 95% of respondents were involved in at least 1 local activity or association.
- About 1 in 10 respondents felt unfairly treated in the community in the prior 30 days, most often at work.

FUTURE AREA OF EXPLORATION

- Trends suggested that resilience may be tied to respondents feeling their income met their needs.

CONCLUSION

- On average, many Davis County adults possess qualities of resilience, but there is still room for improvement in specific areas and further exploration of group differences.
- Based on the results of the survey, strategies to improving resilience are outlined for each domain.

SUPPORTING DATA, RESOURCES, & APPENDICES

- Supporting data and resources for increasing resilience in each domain are listed.
- The appendices include more detailed summaries of the collected data and a copy of the survey.

Davis4Health
Community
Resilience Survey

1,175 TOTAL RESPONDENTS
representing adults from all 15 Davis County cities

98% felt safe where they live

91% trusted their neighbors

88% were proud of their community

STRENGTHS

I can calm myself down.

I try to make it right when I have hurt someone.

I feel safe where I live.

AREAS FOR IMPROVEMENT

I ask for help when I need it.

I feel safe talking to others about my feelings.

I have the opportunity to be involved in community decisions.

BASIC NEEDS

MOST MET
hygiene   shelter

LEAST MET
exercise   sleep

15% reported their income doesn't meet their basic needs

1 out of 10 people felt <u>treated unfairly</u> in the past 30 days

"The things that stress me and challenge my mental health are **inflation, rising food and gas prices**, all while my paycheck is not increasing enough to keep me at a level spot."

69% of participants were **satisfied** with their level of community involvement

the most common **sources of support** were
1. family
2. friends
3. partners

89% felt that **self-care** is important

59% felt they had enough **self-care** this month

"Knowing that I am a person of worth and that I am loved and appreciated by my family, friends, and the God I believe in has **helped me stay strong** when I have felt judged by the color of my skin and how I look."

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TO READ THE FULL ASSESSMENT, VISIT WWW.DAVISCOUNTYUTAH.GOV

Davis COUNTY HEALTH DEPARTMENT

Introduction

Resilience is the ability to bounce back from life's challenges. It helps avoid or reduce the effects of trauma and adverse experiences. A community survey was designed to measure the characteristics, relationships, and community connectedness that support the resilience of Davis County adults.

Community Interest

Several community health improvement projects and data sources justified the development of this assessment.

2019-2023 Davis4Health Community Health Improvement Plan

Resilience was identified as one of five shared protective factors in the 2019-2023 Davis4Health Community Health Improvement Plan (CHIP). Protective factors are conditions or attributes in individuals, families, communities, or society that increase health and well-being. They help people deal more effectively with stress. The more protective factors someone has in their life, the more likely they are to be able to cope with adverse experiences. Protective factors also lower the likelihood of negative health or social outcomes.

The other protective factors in the CHIP were connectedness, knowledge of parenting and child development, access to care & resources, and economic stability (see **Image 1**). These protective factors are known to cross-cut the three community priorities of suicide, opioid misuse, and adverse childhood experiences and trauma.

**Image 1: Shared Protective Factors in
2019-2023 Davis4Health Community Health Improvement Plan**

The protective factors were selected by reviewing protective factor frameworks known to partners. The frameworks reviewed included the Student Health And Risk Protection (SHARP) Survey; CASEL Social and Emotional Learning Competencies; and the Five Protective Factors for Strengthening Families.

The frameworks helped describe resilience in the following way:

- Managing everyday stress and significant adversity
- Recognizing emotions, values, strengths, and challenges
- Managing emotions and behaviors to achieve goals
- Making ethical and constructive choices about personal and social behavior
- Seeking help when needed
- Overcoming childhood trauma
- Having a sense of purpose

Davis School District Social and Emotional Learning Initiative

In 2019, the Davis School District convened the Social and Emotional Learning (SEL) Advisory Team with community partners to support the new SEL initiative, including school and district-level implementation plans. SEL is a process through which adults and children learn to recognize and manage emotions; demonstrate care and concern for others; develop positive relationships; make good decisions; and behave ethically, respectfully, and responsibly.

The SEL Advisory Team recognized that it was important to understand the social and emotional well-being of the adults in the community, in addition to that of students. The Advisory Team also discovered that each agency used different terms to describe similar efforts to address social and emotional well-being.

An assessment was proposed to fill the gap in adult data and establish a baseline for indicators related to social and emotional health. It was also seen as an opportunity to identify consistent language that could be used when communicating about social and emotional well-being with the public.

Data

At the time, there was no existing adult protective factor data available at the county level. Meanwhile, the social support indicator in County Health Rankings and Roadmaps, called social associations, was flagged as a weakness in Davis County for several years. There were no additional data sources to help with context and understanding for this measure. Additionally, youth data from the SHARP Survey showed that students were facing increased levels of mental health challenges, such as anxiety and depression, during 2019 and 2021. Several data sources confirm that mental health challenges have been increasing over the last decade both locally and nationally in youth and adults (DCHD, 2023).

COVID-19 Pandemic

The COVID-19 pandemic and its related stressors negatively impacted mental health and highlighted health challenges affecting some population groups. In an effort to build community resilience, it is important to quantify the current prevalence of protective factors in our county.

The information can be used by community organizations working to strengthen communities in Davis County, especially as they build back from the pandemic.

Purpose

Measure the characteristics, relationships, and connection to community that make up the personal resilience of Davis County adults.

Objectives

1. Measure the elements, characteristics, and factors that influence the resilience of Davis County adults.
2. Explore the community settings and environments that impact connection and social and emotional well-being.
3. Identify strengths, weaknesses, opportunities, and threats to social and emotional well-being.
4. Guide community partners to better support the well-being of individuals and families living in Davis County.

Methods

Timeline

Figure 1. Timeline of Davis4Health Community Resilience Assessment
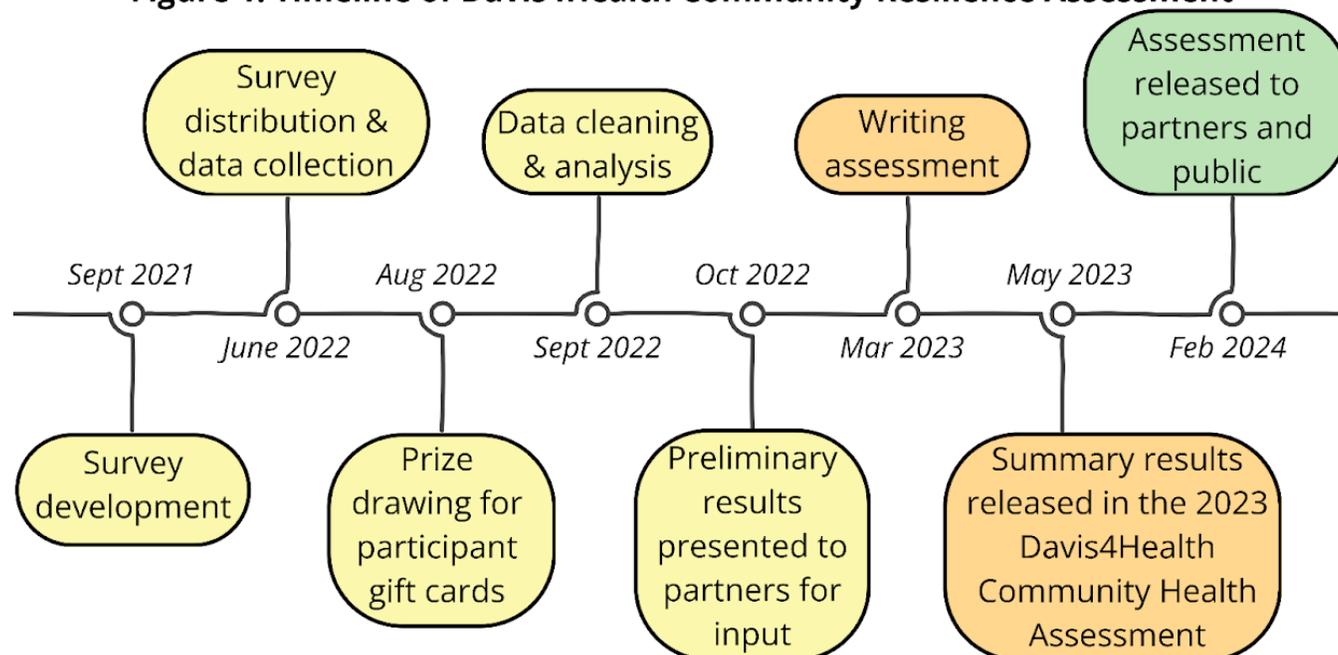
The timeline of the Davis4Health Community Resilience Assessment is described in **Figure 1**. Note that while this report was scheduled for release in the summer of 2023, staff changes caused this goal to be delayed. Your patience is appreciated.

Survey Design

Davis County agencies and programs use multiple frameworks to promote mental, emotional, and social well-being and resilience. These include:

- Collaborative for Academic, Socal, and Emotional Learning (CASEL) used by the Davis School District in 2022 (CASEL, n.d.)
- EveryDay Strong from United Way (United Way of Utah County, 2022)
- Strengthening Families Program used by Communities That Care (Center for the Study of Social Policy, n.d.)
- Healthy Outcomes from Positive Experiences (HOPE) (HOPE, n.d.)

The overlap of these frameworks was analyzed and outlined in **Figure 2** (on the next page). Based on these findings, a new survey to measure resilience was designed and organized into three domains: individual, relationship, and community. Each domain contains categories of topics.

A literature review of existing resilience research and measures was also conducted during the survey design phase. Instruments such as the Resilience Research Center Adult Resilience Measure (Liebenberg & Moore, 2018), the Everyday Discrimination Scale (Williams, 2016),

Devereux Adult Resilience Survey (Mackrain, 2008), and the Subscales of Adult Personal Resilience (Taormina, 2015) were reviewed for alignment with those being used locally. Questions from the Everyday Discrimination Scale were added to the Fairness section of the community domain.

Figure 2. Frameworks Used by Organizations in Davis County

Individual	Relationship	Community
Basic Needs	*Social Skills*	*Belonging*
Strengthening Families: Concrete Supports EveryDay Strong: Physical needs HOPE: Environment	CASEL: Relationship Skills EveryDay Strong: Safety	CASEL: Key Settings - Communities HOPE: Engagement
Rest and Renewal	*Relationship Inventory*	*Involvement*
CASEL: Self-Awareness	Strengthening Families: Social Connections EveryDay Strong: Connect	Strengthening Families: Social Connections HOPE: Relationships
Personal Qualities		*Fairness*
CASEL: Self-Management EveryDay Strong: Confident HOPE: Emotional Growth		CASEL: Key Settings - Communities

The literature review combined with the frameworks already used by the community resulted in the identification and simplification of concepts to be measured by each domain of the survey:

1. **Individual Domain**: the individual's experiences, qualities, and behaviors
   a. *Basic Needs*: Are my needs being met?
   b. *Rest & Renewal*: Do I intentionally incorporate self-care?
   c. *Personal Qualities*: What makes me a resilient person?

2. **Relationship Domain**: characteristics of the individual's relationships with other people
   a. *Social Skills*: How do I interact with others?
   b. *Relationship Inventory*: Who do I rely on in times of need?

3. **Community Domain**: social conditions of the place where the individual lives currently
   a. *Belonging*: How do I feel about where I live?
   b. *Involvement*: How am I involved in my community?
   c. *Fairness*: How am I treated in the community?

A demographic section was added to the survey to monitor the diversity of responses. It collected the city of residence, number of years living in Davis County, age, household income, household size, employment, race/ethnicity, gender, sexual orientation, and religious status.

After the design phase, framework experts from the Davis HELPS coalition provided feedback on early survey drafts, which helped eliminate duplicative questions and unclear wording. Feedback on the survey's content and wording was sought from experts in survey design and well-being at the University of Utah and Utah State University. Additionally, survey questions were piloted for comprehension, order, timing, and plain language with staff on the Davis County Health Department (DCHD) Community Health Assessment Committee.

The final survey was built in Survey Monkey and translated into Spanish by a team of DCHD Community Health Workers. Paper versions of the survey in both languages were also available. See **Appendix 2** for a copy of the paper survey.

Eligibility Requirements

The eligibility requirements to participate in the survey were:
- 18 years or older
- Currently living in Davis County

Incentive

Respondents were given the option at the end of the survey to provide their emails to enter a drawing for a $25 gift card. Twelve gift cards were distributed in total after the survey closed.

Purposeful Sampling

Before distributing the surveys, a set of goals was established to ensure the resulting sample was representative of Davis County residents:

1. Employ a variety of distribution methods proven by past community input surveys to reach Davis County residents.

2. Monitor how the age, race/ethnicity, and city of the respondents compare to the county's demographic profile.
    - Use this information to inform which community outreach events should be selected for ongoing survey promotion.
    - Ensure participation of historically underrepresented Davis County community members.

3. Collect enough responses to confidently draw conclusions about the county population.
    - Use 2020 estimates for the adult population and a sample size calculation tool to estimate the number of responses needed to estimate the "real-life" prevalence of each resilience question (IBIS, 2020; Survey Monkey, n.d.).
    - Assuming 10% of survey responses would be ineligible or incomplete, it was estimated that 422 responses were needed to be within 5% of the true value for the county population.

Although these were the intentions for the survey, complications arose during data collection. Please reference the Challenges section to learn more about what occurred in practice.

Distribution

The survey was distributed through numerous channels from June to August 2022. Over 50 community partners shared the survey link with their staff and clients. Additionally, DCHD promoted the survey in the following ways:

- The digital version was posted on social media pages and its website.
- Handouts were available to visitors of Senior Activity Centers and those receiving in-home services, such as Meals on Wheels.
- Handouts were available at each health department front desk and provided to each client of its immunizations and sexually transmitted infections clinic.
- Community Health Workers were essential to sharing the survey with community members who were not reached by other outlets. They promoted the survey through community outreach events across Davis County. They encouraged community members, especially Spanish speakers, to participate and assisted them in filling out the survey.

Image 2: Social Media Flyer for the Davis4Health Community Resilience Survey

Analysis

Overall, 1,175 valid survey responses were received (1,133 English in Survey Monkey, 0 Spanish in Survey Monkey, 15 Spanish paper forms, and 27 English paper forms). Survey responses were cleaned and analyzed with Statistical Analysis System (SAS) software. Frequencies of agreement and disagreement were calculated based on the respondents who answered an individual question. Respondents who left the question blank or selected "Prefer not to answer" were excluded from the calculation. The qualitative data from the open-ended questions of the survey were analyzed using Dedoose software.

Challenges

Bots Takeover

Immediately after it was advertised on social media, the online survey was flooded with thousands of illegitimate entries created by "bots". Bots are programs that submit false responses to online surveys with the intent of earning their creators money or gift cards. In response, extra screening questions were added to the survey, and social media posts advertising the gift card were withdrawn. To determine which submissions were legitimate, additional exclusion rules were applied during analysis. For example, dozens of identical entries submitted within seconds of each other were deemed "illegitimate" and removed. If the survey was submitted from an IP address located outside Utah, an entry was also considered illegitimate.

It is recommended that future projects use a survey platform with fraud detection features, incorporate bot screening questions from the start, and modify advertisement strategies.

Non-Representative Sampling

The difficulties related to the bots delayed the analysis of the survey data and diverted attention away from legitimate survey responses as they were occurring. This meant that the demographic characteristics of respondents were not being monitored as originally intended, resulting in less outreach to underrepresented groups. This led to the survey respondents being a non-representative sample of the Davis County population in some regards like gender. See the Results section for more details on the demographics of survey respondents.

Methods of Distribution

Given the strategies used to advertise the survey, respondents had a high likelihood of being associated with DCHD or its community partners. Future methods should consider mailers and location-based social media ads to reach groups who do not interact with the health department or its partners.

The promotion strategies used also likely contributed to women being overrepresented in the survey sample. Women are traditionally more likely to work in public service jobs, part-time, or in the home compared to men. Women are also more likely to take on caregiver roles and engage with services and resources than men (DCHD, 2023). These factors may increase their chances of being offered the opportunity to take the survey. In future surveys, alternate methods of distribution should be explored to ensure a balance of responses from all gender identities.

Significance

As the first known attempt to measure resilience among adults in Utah, the goal of the survey was to collect a sample that was representative of Davis County. While the collected sample size is large enough to draw conclusions about the county population as a whole, it is not designed to analyze differences in responses between demographic groups within the county.

This report identifies observed differences between income groups in the Areas of Future Analysis section. However, further investigation is needed to conclude whether these differences hold true within the Davis County population.

Results

This section will first summarize the demographic makeup of the respondents and then report responses per question within each of the three domains: individual, relationship, and community. A complete summary of the survey responses can be found in Appendix 2.

Demographics

The majority of survey respondents were female (81.5%), White (94.8%), straight (95.2%), and belonged to The Church of Jesus Christ of Latter-day Saints (66.9%). Survey respondents had lived in Davis County for a median of 24 years, with a range of 0 to 85 years. The demographic makeup of the survey respondents was similar to Davis County in terms of religion, sexual orientation, household income, median age of the adult population, and city of residence (see **Figure 3**). Survey respondents differed from the county population in gender and race/ethnicity. Details of respondent demographic data can be found in **Figure 4** (on the next page).

Figure 3. Percent Share of Survey Respondents Living in Each City Compared to Davis County Population
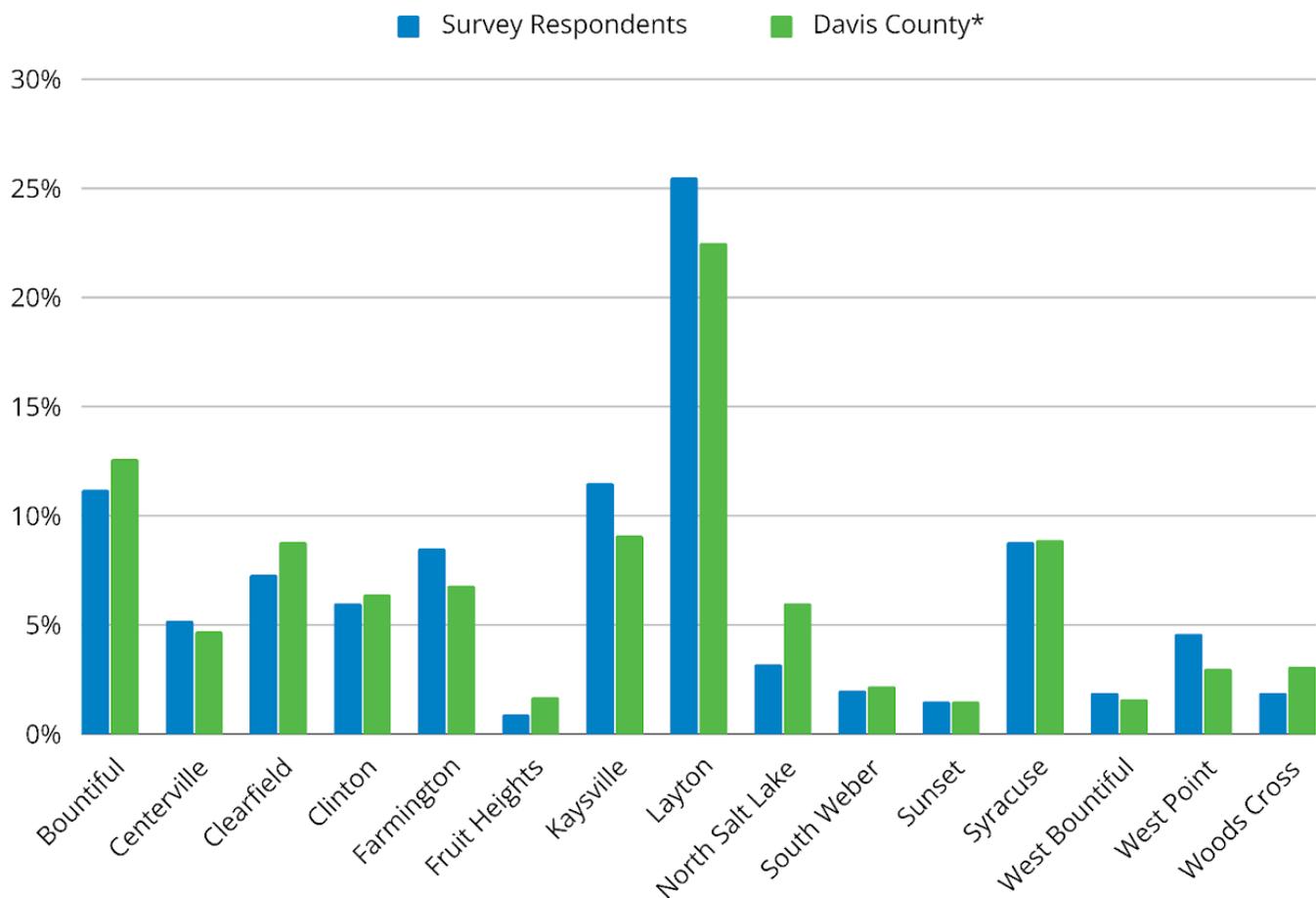
*Davis County data is from 2020 (DCHD, 2023).

Figure 4. Population Characteristics of Respondents Compared to the Total Population

	Survey Respondents	Davis County
Gender		(DCHD, 2023)
Female	81.5%	49.5%*
Male	17.0%	50.5%*
Another gender identity	1.5%	n/a
Race and/or Ethnicity (alone, or in combination with other races and ethnicities)		(Census, 2020)
White	94.8%	93.7%
Hispanic or Latino	4.6%	10.8%
Asian or Asian American	1.5%	3.6%
American Indian or Alaska Native	1.3%	1.2%
Black or African American	<1%	2.1%
Middle Eastern or North African	<1%	n/a
Native Hawaiian or other Pacific Islander	<1%	1.2%
Sexual Orientation		(DCHD, 2023)**
Straight	95.2%	95.1%
Lesbian, Gay, Bisexual, Another Term	4.3%	4.9%
Unsure or Don't know	<1%	n/a
Religious Group		(US Religion Census, 2020)
Religious	76.7%	76.1%
Church of Jesus Christ of Latter-day Saints	_66.9%_	_70.5%_
Another Christian religion	_8.5%_	_4.7%_
Another non-Christian religion	_<1%_	_<1%_
Prefer not to disclose	_<1%_	_n/a_
Spiritual	13.2%	n/a
Neither religious nor spiritual	8.4%	n/a
Years lived in Davis County		
25% have lived in Davis County for less than…	13 years	n/a
50% have lived in Davis County for less than…	24 years	n/a
75% have lived in Davis County for less than…	36 years	n/a
Age (18 years and over)		(Census, 2020)
Median (50% of adults were older than…)	47 years old	Between 40 and 44 years old
Household Income		(Census, 2021)
Median (50% of households made less than…)	$90,000	$93,182

*Gender identity data is limited and categorized differently depending on the data source. This data describes the percentage of Davis County residents who self-identify their sex as male or female.

**These are estimates; sexual orientation data is limited at the local level.

Individual Domain

This section will report on the individual domain of resilience, defined as the experiences, qualities, and behaviors that contribute to resilience. These were assessed through the frequency with which basic needs are being met, the intentional incorporation of self-care, and the possession of certain personal qualities.

Basic Needs

Basic needs are the items needed to maintain a minimum level of health. According to Maslow's theory of the hierarchy of needs, a person's needs must be met in a particular order before they can access higher levels of health (**Image 3**). Physiological and safety needs, such as shelter, rest, food, and healthcare, are foundational. People who have these basic needs met have better access to supports found further up the pyramid and are more likely to feel fulfilled or to reach their full potential, also called self-actualization ([DCHD](#), 2023).

**Image 3: Maslow's Hierarchy of Needs**
([VeryWellMind.com](#), 2022)

The Davis4Health Community Resilience Survey asked,

In the past 30 days, how often do you feel your needs were met?
(From always to never)

Figure 5 (on the next page) summarizes how often respondents reported having each of eight basic needs met in the past month. As shown by the large portion of light green (representing "Always") on most bars in the graph, the majority of respondents reported always having their basic needs met. Shelter was the most commonly met need among Davis County adults.

The larger the blue (representing "Rarely") and purple (representing "Never") portions of the bar, the less often that need was met for respondents. The results indicate that there is the most room for improvement in meeting the basic needs of sleep/rest and physical activity/exercise among Davis County adults. However, it should be noted each of the eight needs had respondents who were not having it met.

**Figure 5. Percent of Respondents Reporting
How Often Their Basic Needs Were Met in the Past 30 Days**

Legend: ■ Always ■ Usually ■ Rarely ■ Never
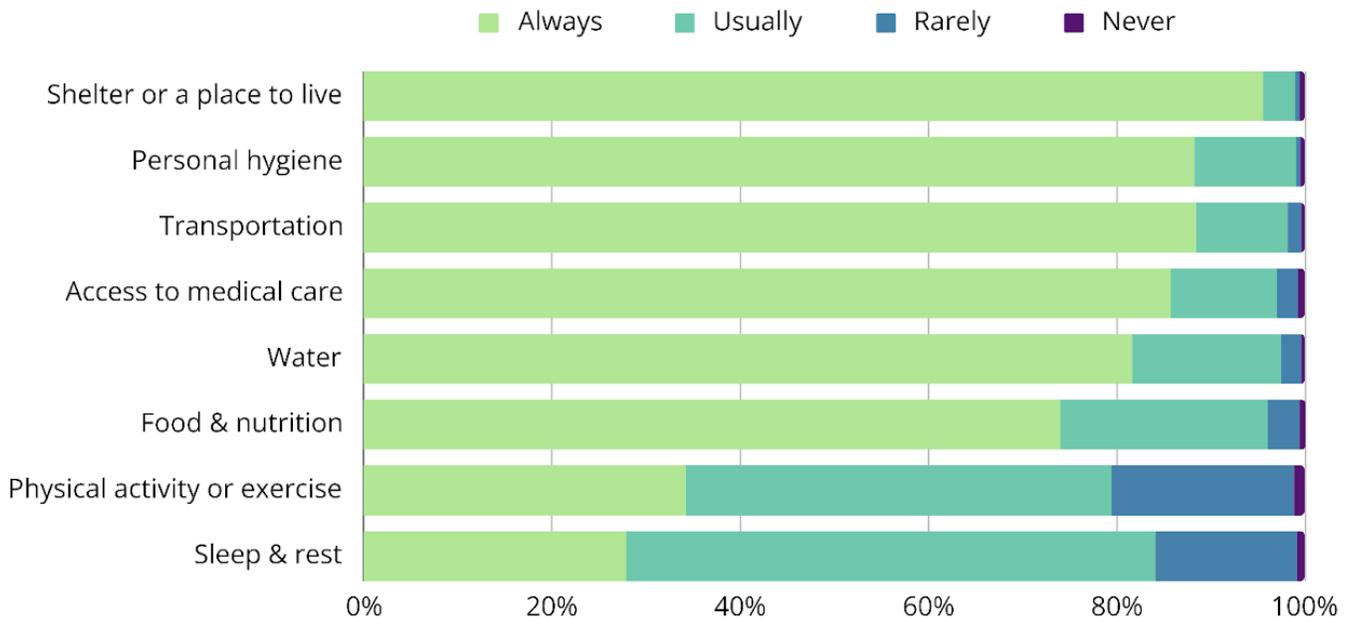
Some respondents expressed wanting their basic needs to be more effectively met:

> I wish my diet and that of my family would be more nutritious.

> If my sleep can improve, I [would] appreciate it. I can't sleep every day.

Next, respondents were asked,

> Do you feel like your household income meets your needs?

Approximately 85% of respondents reported that they felt their income met their needs while 15% said their income did not meet their needs. In the open-response portion of the survey, many respondents commented that they struggled to keep up with the rising cost of living:

> Housing here is terrible. Prices [are] way out of my range.

> Cost of living is killing us. There is no representation of our taxes. We are the 2nd richest county in the state, but the lowest paid deputies and lowest paid school teachers.

> The things that stress me and challenge my mental health are inflation, rising food and gas prices, all while my paycheck is not increasing enough to keep me at a level spot.

Rest and Renewal

Rest and renewal, sometimes called self-care, is the time and attention given to meet one's own needs. It provides individuals with the energy to be their best selves, even in difficult situations.

Respondents were asked,

> **How important is rest and renewal to you?**
> *(From absolutely essential to not at all important)*

> **In the past 30 days, do you feel like you had enough rest and renewal?**

88.6% of respondents felt that rest and renewal were *absolutely essential* or *very important*, but only 59.2% indicated that they had received enough rest and renewal in the past 30 days. This suggests a potential gap among Davis County adults.

Respondents commented on how their responsibilities interfered with their ability to receive rest and renewal:

> " I work to live and feed my family. Therefore I would OT [work overtime] and I am still able to make ends meet. For that reason I have no life...I live to work and work to eat. "

> " I don't know how anyone can get enough rest and balance a 40+ hour work week and family responsibilities. "

Respondents were asked,

> **In the past 30 days, which activities did you do for your rest and renewal?**
> *(Select all that apply)*

Figure 6 illustrates the rest and renewal activities that respondents reported doing in the 30 days prior to completing the survey. Longer bars on the graph indicate that more respondents engaged in that activity. The most common activities were spending time with family and loved ones and engaging in hobbies.

Figure 6. Percent of Respondents who Engaged in Rest & Renewal Activities in the Past 30 Days

*The bars in this figure do not add to 100% because respondents could select multiple options.
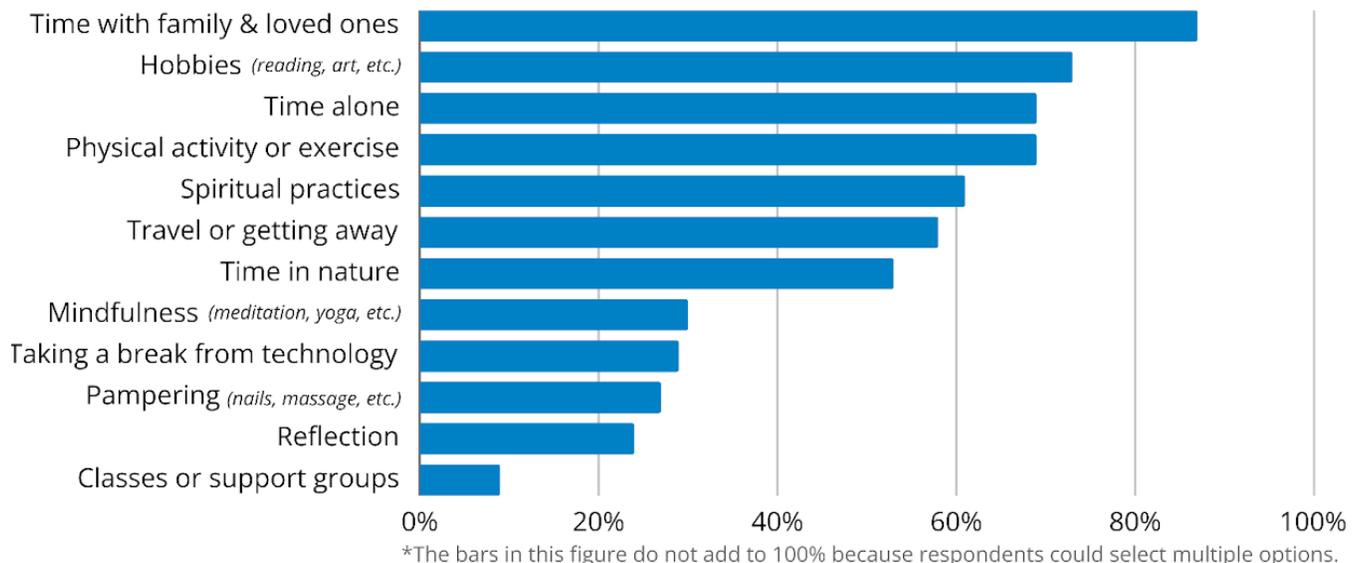
Personal Qualities

Personal resilience skills are characteristics and abilities that contribute to one's overall ability to bounce back from challenging circumstances. For a list of personal resilience skills, respondents were asked,

On average, how much do you agree with the following statements about your life?
(From strongly agree to strongly disagree)

Figure 7 reports the results of this skills inventory. As shown by the large portion of light green and teal on all bars of the graph, the majority of respondents strongly agreed or agreed with the skill statements. The larger the blue (representing "Disagree") and purple (representing "Strongly Disagree") portions of the bar, the more room for improvement there is for that skill. The results suggest that Davis County adults have the most room for improvement in skills related to asking for help and forgiving themselves for flaws.

Figure 7. Percent of Respondents Reporting Level of Agreement with Individual Resilience Skill Statements
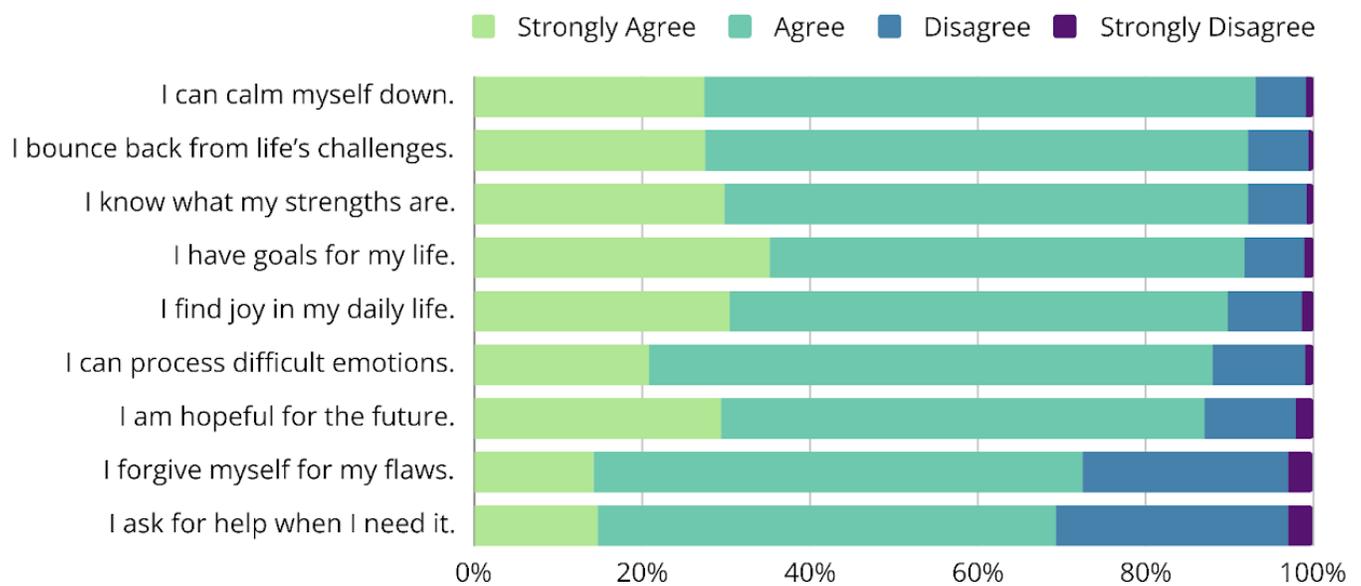
Relationship Domain

Relationships are built on feelings of safety with the people around an individual. **Emotional safety** is knowing that being truthful and open about yourself and your actions will not change how much you are loved or valued by the people around you. This section will report on the relationship domain of resilience, which was assessed through the possession of social skills and sources of support during times of hardship.

Social Skills

Social skills impact how individuals interact with and build relationships with others, which can influence how supportive those relationships are during times of crisis. Respondents were asked,

> On average, how much do you agree with the following statements about your life?
> *(From strongly agree to strongly disagree)*

Figure 8 illustrates respondents' level of agreement with each listed social skill. As shown by the large portion of light green and teal on all bars of the graph, the majority of respondents strongly agreed or agreed with the statements about social skills. The larger the blue (representing "Disagree") and purple (representing "Strongly Disagree") portions of the bar, the more room for improvement there is for that skill. These results suggest that the greatest opportunities for improvement among Davis County adults are feeling safe talking to others about feelings, making mistakes, and asking for help.

Figure 8. Percent of Respondents Reporting Level of Agreement with Social Skill Statements
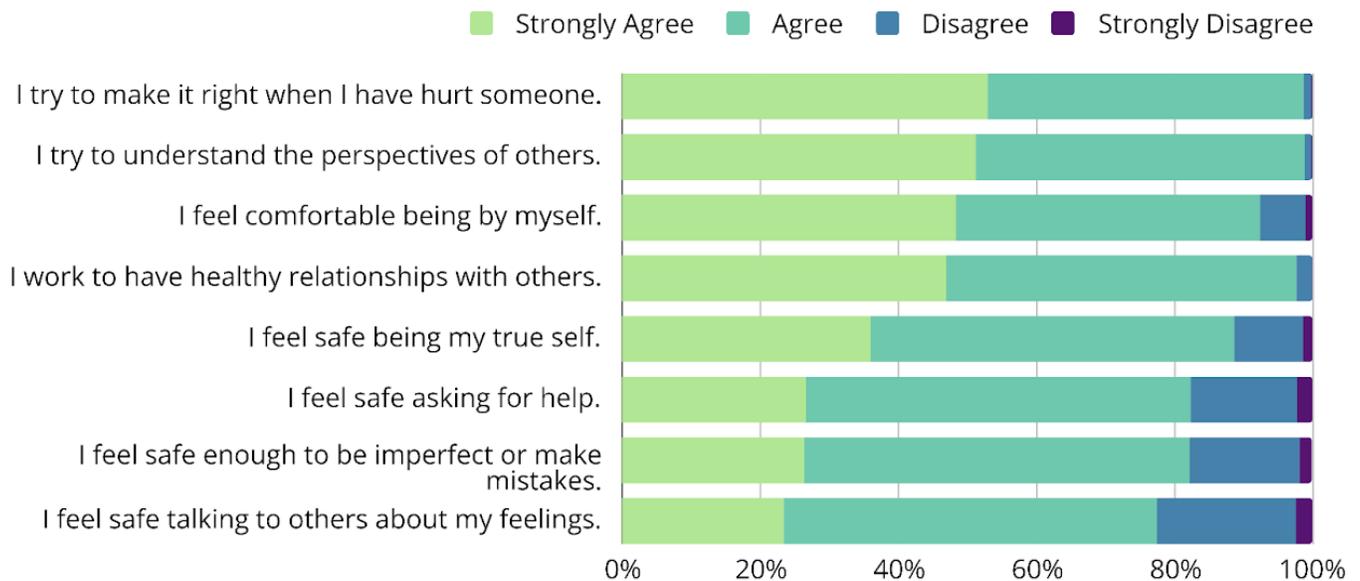
Relationship Inventory

Social support refers to the emotional and practical assistance provided by others during times of hardship. Respondents were asked,

> When facing life's challenges, who do you rely on for support?
> *(Select all that apply)*

On average, respondents reported having four different types of support sources. However, it should be noted that this question did not measure the quality of support provided by a source or how many relationships were associated with a source.

Figure 9 illustrates the types of relationships that respondents rely on during times of hardship. The results indicate that respondents most commonly rely on immediate family, friends, and partners for support.

Figure 9. Percent of Respondents Reporting Specific Sources of Support They Rely on When Facing Life's Challenges
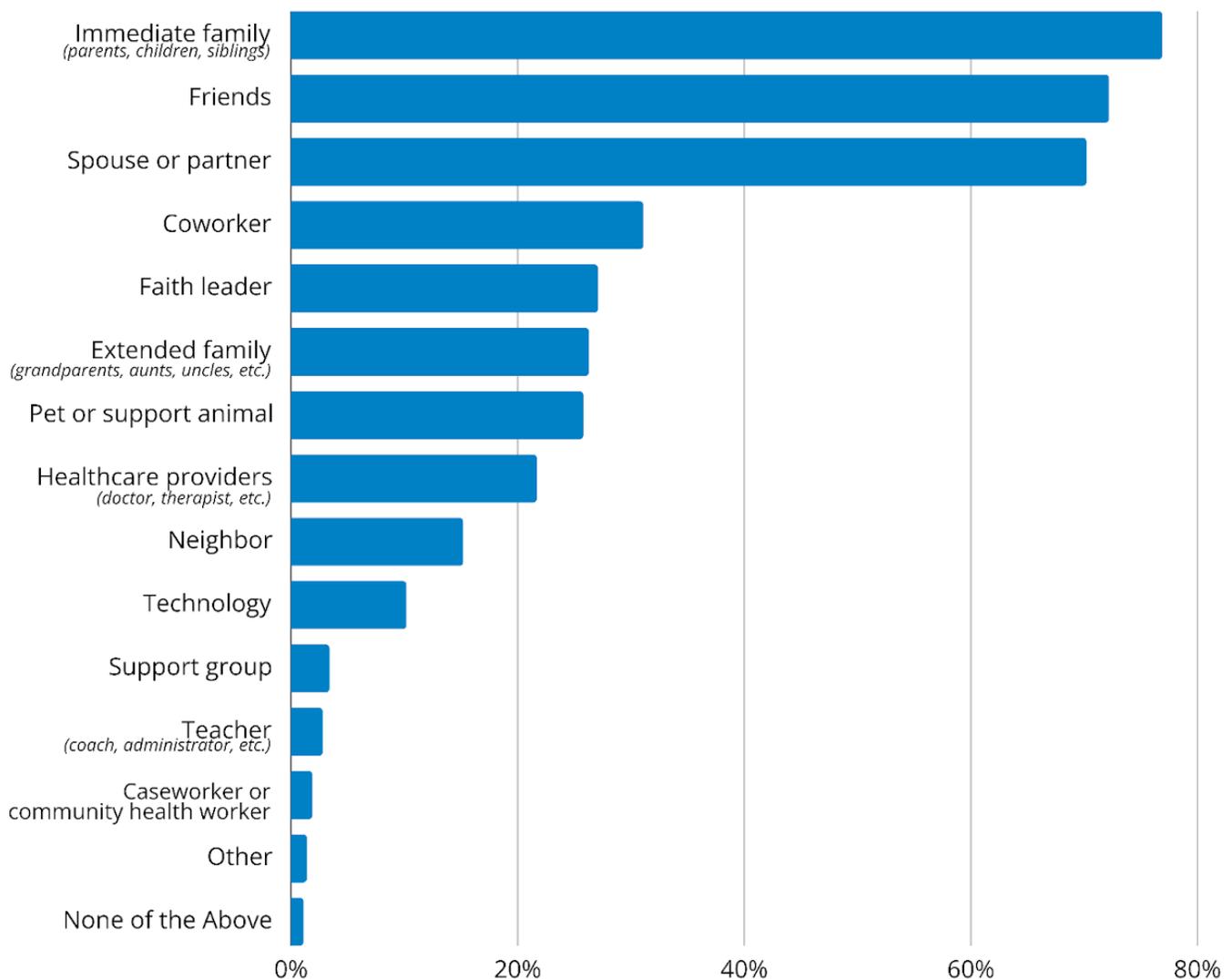
*The bars in this figure do not add to 100% because respondents could select multiple options.

In the open-response section of the survey, respondents described their social connections:

> "
> I feel at home now but when my family first moved into our home in Layton I was not welcomed. It took years to form good friendships in this community.
> "

> "
> My husband and I are recently retired. I am concerned about losing important social contacts.
> "

> "
> I moved to Layton to be closer to family. It has been a positive move that just gets better and better!
> "

Community Domain

This section will report on the community domain of resilience, which was assessed by asking questions related to a sense of belonging where respondents currently live, involvement in local activities and associations, and perception of fair treatment in the community.

Belonging

Feeling a sense of belonging to a community bolsters overall resilience. People who feel strongly connected to their communities are 2.6 times more likely to report good or excellent health than people who feel weakly connected (My Health My Community, 2018). To measure community connectedness, the survey asked,

On average, how much do you agree with the following statements about your community?
(From strongly agree to strongly disagree)

Figure 10 illustrates respondents' level of agreement with statements about the community where they currently live. As shown by the large portion of light green and teal on the bars of the graph, the majority of respondents strongly agreed or agreed with the statements about belonging. Larger blue (representing "Disagree") and purple (representing "Strongly Disagree") portions on a bar indicate more room for improvement. The results suggest that Davis County has the most room for improvement in giving community members opportunities to be involved in community decisions, followed by creating a sense of understanding between residents.

Figure 10. Percent of Respondents Reporting Level of Agreement with Community Connectedness Statements
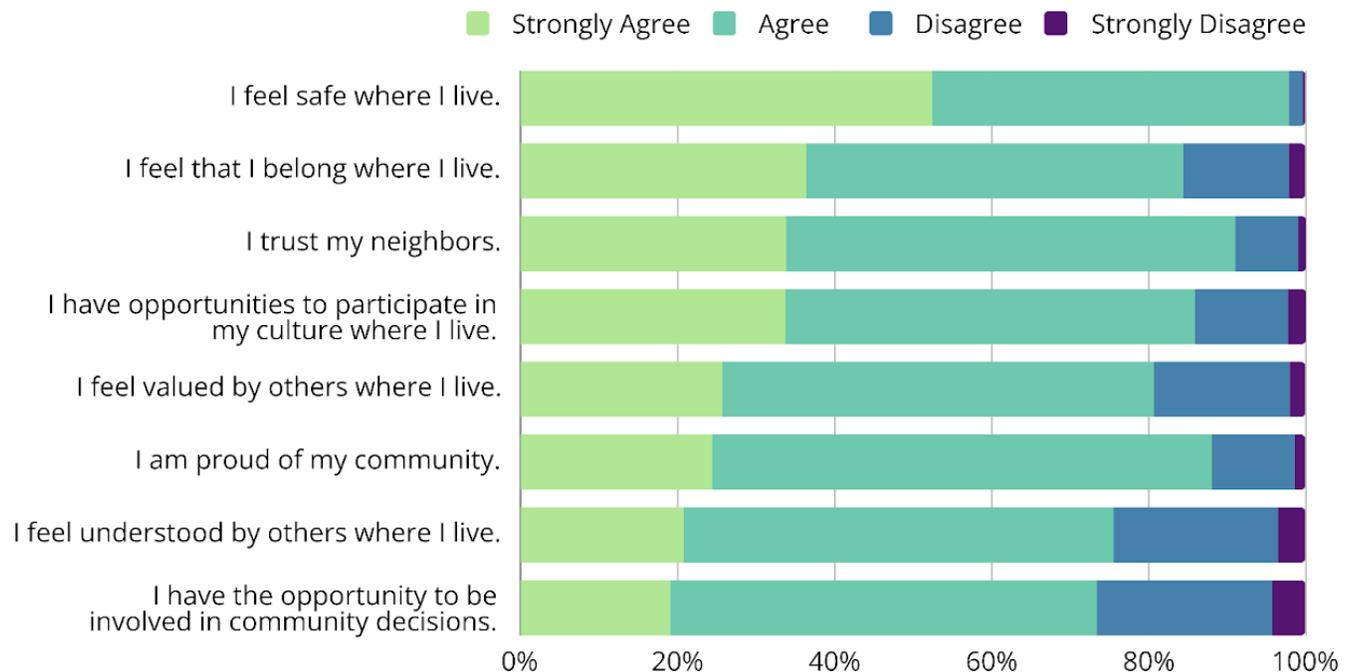
Many respondents expressed positive feelings towards living in Davis County:

> " I grew up in Centerville and have lived in Bountiful for the past 17 years. I love Davis County... "

> " I am proud and grateful to be a part of the Davis County community! "

Other respondents shared that their sense of belonging was affected by their faith affiliation:

> " It's difficult to feel a part of a community, especially when not a member of the LDS church. That is the main community in Davis County and it's hard to find others to connect with. "

Involvement

According to County Health Rankings and Roadmaps, limited involvement in community life is associated with increased rates of disease and early death. Research suggests that social trust is improved when people belong to voluntary groups and organizations because people who belong to such groups tend to trust others who belong to the same group. Additionally, a study found that people living in areas with high levels of social trust are less likely to report fair or poor health status than people living in areas with low levels of social trust ([CHR&R](#), n.d.). To better understand belonging and social associations in Davis County, the Community Resilience Survey measured the types of activities and associations Davis County adults were involved in along with their satisfaction with their level of involvement.

Respondents were asked,

> In general, which local activities and associations are you involved in?
> *(Select all that apply)*

On average, respondents reported being involved in three types of local activities or associations. However, this question did not measure the quantity or quality of each type of involvement.

Figure 11 (on the next page) shows the percentage of respondents who reported being involved in each type of social association in Davis County. As shown by the longest bar in the graph, respondents were most commonly involved in religious associations. Of note, 4.7% of respondents indicated that they did not participate in any local activities or associations.

Figure 11. Percent of Respondents Reporting Involvement in Local Activities and Associations
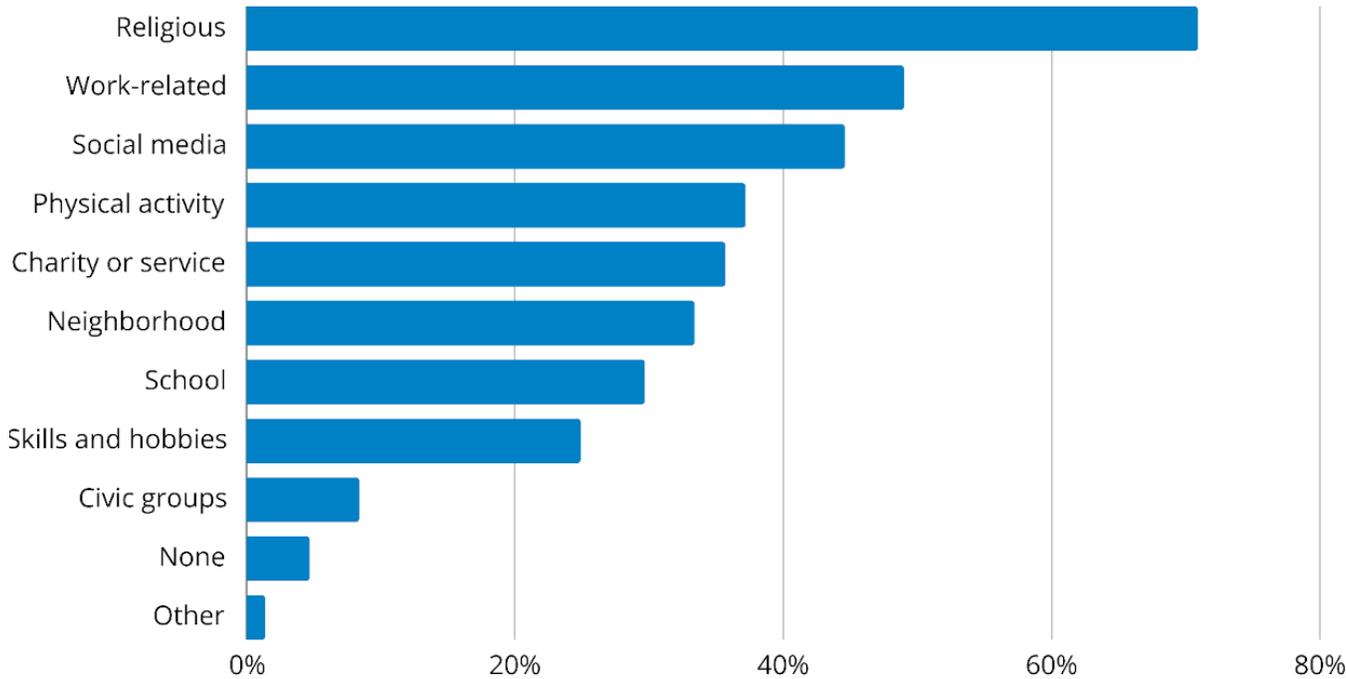
*The bars in this figure do not add to 100% because respondents could select multiple options.

One respondent shared how involvement with social media helps them feel connected to others:

> My high school has a private page on FB [Facebook] where I have reconnected with over 100 of my classmates from Class of '67... It is probably where I feel most safe to express anything I want without worrying. We all support one another with love. They respond by saying how they relate or say things to comfort one another. I feel lost and alone without my family, but I have some wonderful friends who help me get through things.

The survey also asked,

?? Are you content with the amount of local activities and associations you are involved in? ??

As shown in **Figure 12**, the majority (69%) of respondents reported being satisfied with their level of community involvement while 30% wished they were *more* involved and 1% wished they were *less* involved.

Figure 12. Percent of Respondents Reporting Satisfaction with Their Current Level of Community Involvement

30% Wish to be *more* involved

69% **Satisfied** with level of involvement

1% Wish to be *less* involved
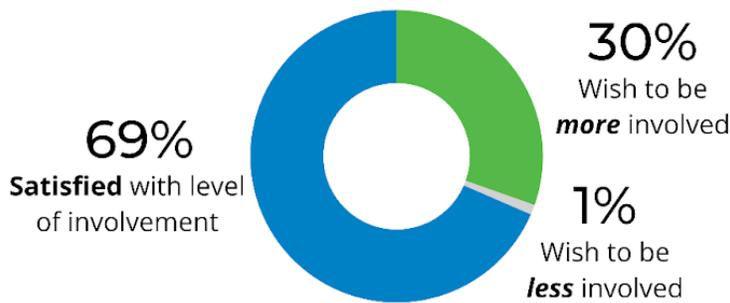
Fairness

Feelings of being treated fairly or unfairly in a community impact how connected one feels, and in turn, how safe one feels using the community as a source of support during times of struggle. In the survey, **unfair treatment** was defined as occurring when someone is treated differently than another person in the community because of who they are or how they look. This may be accidental or intentional, but it can impact feelings of connection and the opportunities and services that can be accessed. Following this definition, the survey asked,

In the past 30 days, have you ever felt that you were treated unfairly in the community?

Most respondents (82%) did not feel that they had been treated unfairly in the community in the past 30 days while 11% reported unfair treatment (see **Figure 13**).

Some respondents reported noticing unfair treatment because of personal characteristics in the open-response section of the survey:

Figure 13. Percent of Respondents Reporting Unfair Treatment in the Community in the Past 30 Days

82%
Have not experienced unfair treatment

6%
Are *unsure* if they have experienced unfair treatment

11%
Have experienced unfair treatment
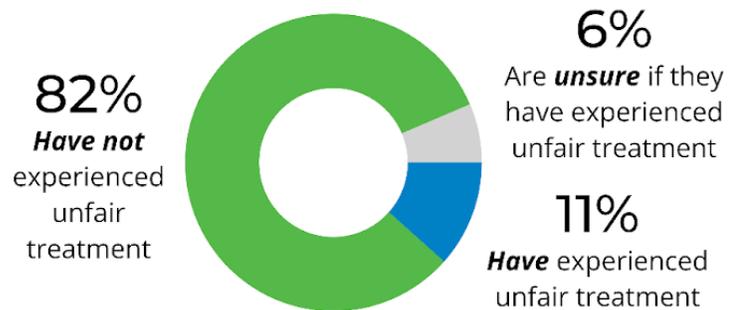
> I have often felt that women, especially single women and divorced women, have been treated very unfairly in Davis County.

> Starting to notice ageism. My husband retired because of it and we feel young people are so rude to older people.

Respondents who indicated experiencing unfair treatment in the community, or who were unsure, were asked additional follow-up questions about the type of treatment and their response to it.

First, they were asked,

In the past 30 days, have any of the following happened to you?
(Select all that apply)

Figure 14 (on the next page) reports how many respondents selected each type of unfair treatment. Longer bars indicate that more respondents reported experiencing that type of unfair treatment in the past 30 days. These results suggest that being treated with less courtesy or respect than other people was the most common form of unfair treatment experienced by Davis County adults.

Figure 14. Percent of Respondents Reporting Type of Unfair Treatment
*Among those who responded 'Yes' or 'Unsure' to feeling unfairly treated
in the community in the past 30 days*

*The bars in this figure do not add to 100% because respondents could select multiple options.
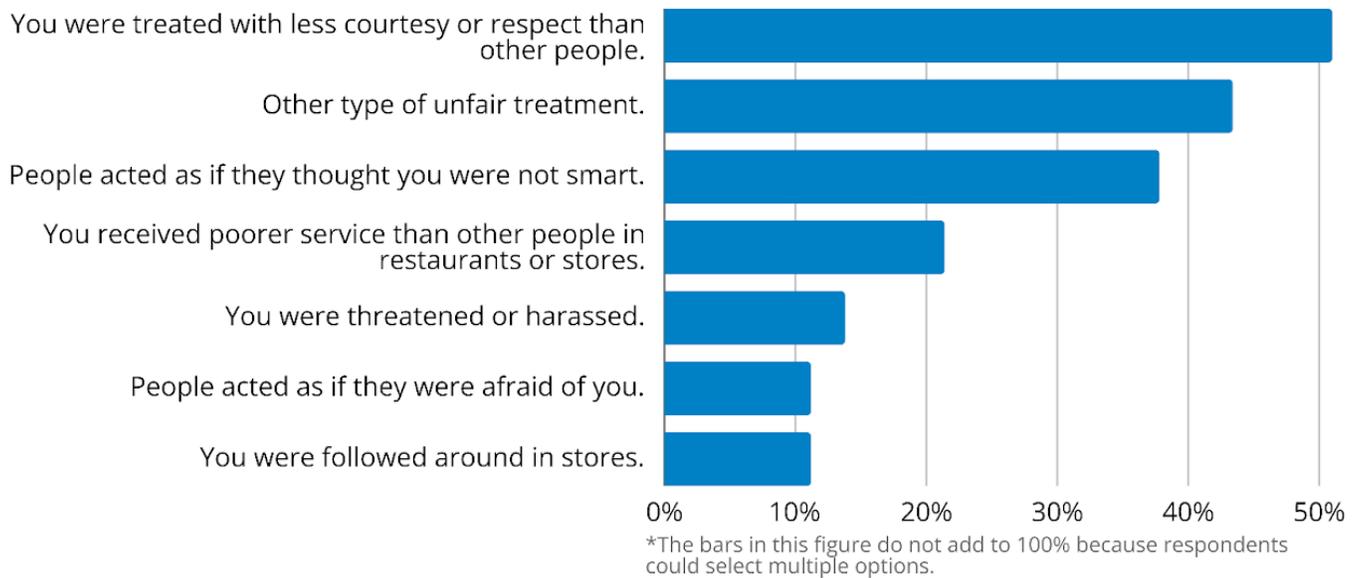
Respondents also shared stories of unfair treatment in the open-response section of the survey:

> " Younger folks don't want to hear what I have to say. If I speak up, I have been ignored.
> Odd to feel like I didn't even exist. Felt odd to feel unimportant and tuned out. "

> " Recently, our 6-year-old Kia's engine failed out of the blue while my husband was away…
> The male Kia dealership technician quoted me a shocking price to repair it. When my
> husband returned and spoke with the same person they quoted him 5k less, blaming it
> on a computer "glitch". "

Respondents who reported that they had experienced unfair treatment, or who were unsure, were also asked,

> In the past 30 days, how did you respond to the thing(s) that happened to you?
> *(Select all that apply)*

Figure 15 (on the next page) summarizes the coping strategies respondents reported using after experiencing unfair treatment. Longer bars indicate that more respondents used that type of coping strategy. The results suggest that the most common responses to unfair treatment among Davis County adults are talking to someone or accepting the treatment as a fact of life. Among those who selected the "Other" option, their strategies included: reporting it, avoiding or ignoring it, looking for support outside the county, campaigning/voting in political races, acceptance ("let go and let God"), and using other social skills such as setting boundaries and discussion.

Figure 15. Percent of Respondents Reporting Coping Strategies in Response to Unfair Treatment

Among those who responded 'Yes' or 'Unsure' to feeling unfairly treated in the community in the past 30 days

*The bars in this figure do not add to 100% because respondents could select multiple options.
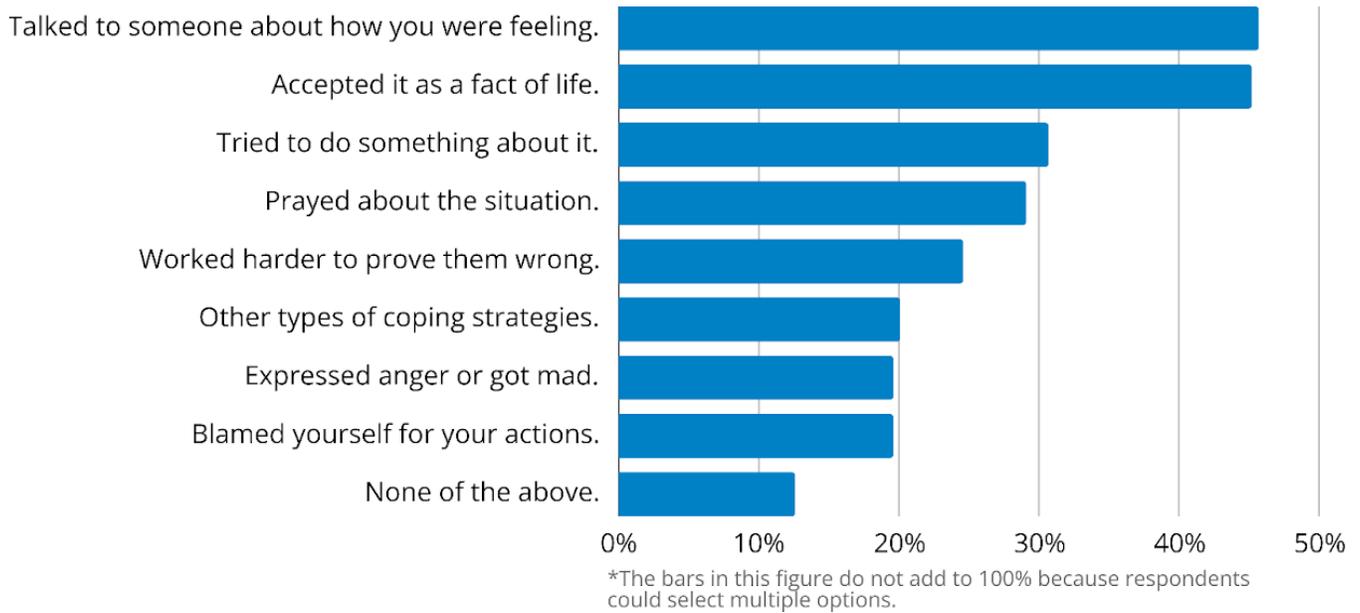
The survey asked all respondents,

In the past 30 days, how have you been treated in the following locations?
(Treated fairly and treated unfairly in applicable locations)

Among those who answered this question and reported that the specific setting applied to their life, home and school were the most common places for *fair* treatment. As shown by the longer blue bars in **Figure 16**, work followed by store/business were the most common settings for experiencing *unfair* treatment.

Figure 16. Percent of Respondents Reporting Fair or Unfair Treatment by Type of Setting
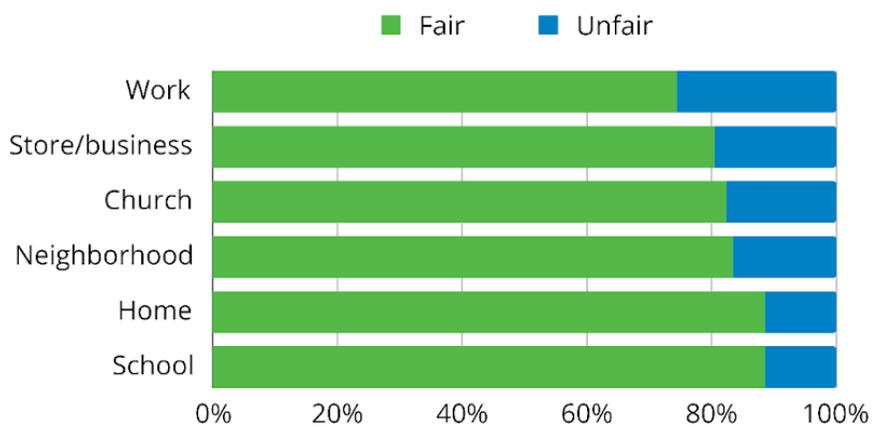
Area of Future Analysis

Income Comparison

As mentioned in the Challenges section, the survey design was not appropriate for drawing significant conclusions about groups within Davis County, such as how survey answers differed based on whether a respondent's income met their needs. However, the survey results suggest that this factor should be explored further in relation to resilience. The two groups, respondents who felt their income met their needs and respondents who felt their income did not meet their needs, differed the most in these areas:

- The consistency with which their basic needs were met
- If they had enough rest and recovery
- Feeling safe where they live
- Feeling a sense of belonging where they live
- Feeling that they have an opportunity to be involved in community decisions
- Feeling valued by others where they live
- Feeling understood by others where they live

For each of these areas, the respondents who felt that their income did not meet their needs were more likely to answer negatively, suggesting that resilience may decrease with insufficient income.

Conclusion

The Davis4Health Community Resilience Survey was designed to measure and define the elements that contribute to resilience among adults in Davis County across the individual, relationship, and community domains. It is recommended to repeat this survey without the interference of bots to confirm the findings of the survey. Additionally, it would be valuable to observe how resilience factors interact and change over time, including how they differ between groups within the community.

Strengths

The following strengths arose from the Community Resilience Survey:

- Basic needs were met for most respondents.
- Respondents largely agreed with individual resilience skill statements. They reported being best at calming themselves down.
- Respondents largely agreed with social skill statements. They reported being best at making it right when they hurt someone.
- Respondents largely agreed with community connectedness statements. The greatest reported strength was feeling safe where they live.
- Over 95% of respondents were involved in at least one local activity or association.

Strategies to Improve Resilience

The Community Resilience Survey identified opportunities for improving resilience among Davis County residents. Several local and national resilience initiatives are underway that bring together the latest research and strategies to improve resilience. Details can be found in the Resources section.

With this new local data from the Community Resilience Survey as well as other local, state, and federal guiding documents, the following strategies are suggested as avenues to increase resilience in Davis County:

Domain	Opportunity for Improvement	Strategy to Improve Resilience
Individual	• Meeting basic needs for physical activity and sleep • Receiving enough rest and renewal • Asking for help when needed • Forgiving selves for flaws	• Promote the development of individualized rest, renewal, and self-care plans which include time for sleep and physical activity. • Join forces with public education campaigns that promote help-seeking behaviors.
Relationship	• Feeling safe talking to others about feelings • Feeling safe asking for help • Feeling safe enough to be imperfect or make mistakes	• Foster emotional safety in relationships so others are able to share their thoughts and feelings. • Combat unrealistic ideals of perfection by sharing stories of courage, vulnerability, and compassion. • Promote existing community classes on healthy relationships and mindfulness.
Community	• Having the opportunity to be involved in community decisions • Feeling understood by others where they live • Feeling fairly treated in the community, especially at work	• Allow time for civic engagement (e.g., town halls, school board meetings, local government hearings) and activities that influence community decision-making. • Encourage community members to make social connections in their neighborhoods, schools, workplaces, and religious settings. • Foster opportunities for people of diverse identities to interact and find shared values. • Encourage participation in unconscious bias education.

A Resilient Davis County

This data will be shared with those working in the county to improve social and emotional well-being and resilience. This data and supporting resources will be helpful as community leaders and service providers explore the characteristics and conditions of a resilient Davis County.

The findings are already being used as an important component of the Davis4Health 2024-2028 Community Health Improvement Plan (CHIP), a 5-year strategic plan for the community that will be available in the Spring of 2024. The priorities of the plan are to strengthen protective factors by: 1) improving mental, social, and emotional well-being; and 2) improving access to resources and services. Connection is the key to the plan, specifically connection to each other and connection to resources. Resilience is the outcome of the plan, both for individuals and the community.

Supporting Data

To put survey findings into context, data from additional sources about resilience among Davis County adults are presented in this section. Data are organized by domain. For more Davis County data, reference the 2023 Davis4Health Community Health Assessment (CHA) at cha.davis4health.org.

Individual Resilience

The Davis4Health Community Resilience Survey asked about eight "basic needs": food and nutrition, water, shelter or a place to live, sleep and rest, physical activity or exercise, transportation, personal hygiene, and access to medical care. A summary of other data sources for these topics is below.

- **Housing:** Based on rates of homeownership, housing habitability, housing cost burden, and uncrowded housing, Davis County has healthier housing conditions than 77.8% of other counties in the state (Utah HPI, 2022). This complements the Community Resilience Survey finding that shelter was the most commonly met basic need among respondents. However, the affordability of housing is a concern for the community as highlighted in the 2023 Housing Assessment and equity focus groups (DCHD, 2023).

- **Sleep:** Sleep is an essential function that recharges the body and mind, allowing one to feel refreshed and alert once awake. In Davis County, 67.3% of adults reported sleeping the recommended seven or more hours a night on average, compared to 69.0% of Utah adults and 67.7% of U.S. adults. The proportion of Davis County adults meeting sleep recommendations varied among demographic groups, notably income (UDHHS, 2018 & 2020; America's Health Rankings, 2020). This supports the Community Resilience Survey finding that sleep was one of the least met basic needs.

- **Physical activity:** Although Davis County is doing better than Utah and the U.S. for this measure, it is not meeting the Healthy People 2030 target for the percentage of adults who met the guidelines for aerobic physical activity and muscle-strengthening activity. Nearly 1 in 6 Davis County adults reported having no leisure time activity, meaning they were physically inactive (IBIS, 2022). This aligns with the Community Resilience Survey finding that exercise was the least met need among respondents.

- **Food and nutrition:** In Davis County, 7.5% of the population is food insecure, meaning they lack regular access to enough food for an active, healthy life (Feeding America, 2021). This is slightly larger than the percentage of Community Resilience Survey respondents who indicated their food needs were rarely or never met. Additionally, in surveys conducted by the Utah Wellbeing Project in select Davis County cities, respondents were asked to rate their level of concern about "Access to Quality Food" in their city. As shown in **Figure 17** (on the next page), food access was a moderate to major concern for half of the respondents ([USU](USU), 2022-2023). Furthermore, the Davis County Community Equity

Assessment suggests that the affordability and cultural appropriateness of food are common barriers to meeting nutritional needs (DCHD, 2023).

- **Transportation:** According to the Behavioral Risk Factor Surveillance Survey (BRFSS), 4.3% of Davis County adults reported lacking reliable transportation in the past 12 months which kept them from medical appointments, meetings, work, or getting things needed for daily living. This was slightly lower than the state average of 5.5% (IBIS, 2022). This aligns with Community Resilience Survey results that suggested transportation was a regularly met need for most respondents. However, other sources suggest that it is a concern in the county. As shown in **Figure 17**, transportation and roads were a moderate to major concern for over two-thirds of Utah Wellbeing Project respondents in select Davis County cities (USU, 2022-2023). Specific concerns about the availability of transportation are highlighted in the Davis County Community Equity Assessment (DCHD, 2023).

- **Access to Health Care:** As shown in **Figure 17**, access to health care was less of a concern than other basic needs for Utah Wellbeing Project respondents from select Davis County cities (USU, 2022-2023). This aligns with Community Resilience Survey responses which indicated that medical care access was a more commonly met need than other basic needs. However, equity focus group respondents indicated that cost and insurance coverage were barriers to families having their medical needs met (DCHD, 2023).

Figure 17. Percent of Respondents Reporting Major or Moderate Concern in Davis County Cities Participating in Utah Wellbeing Project
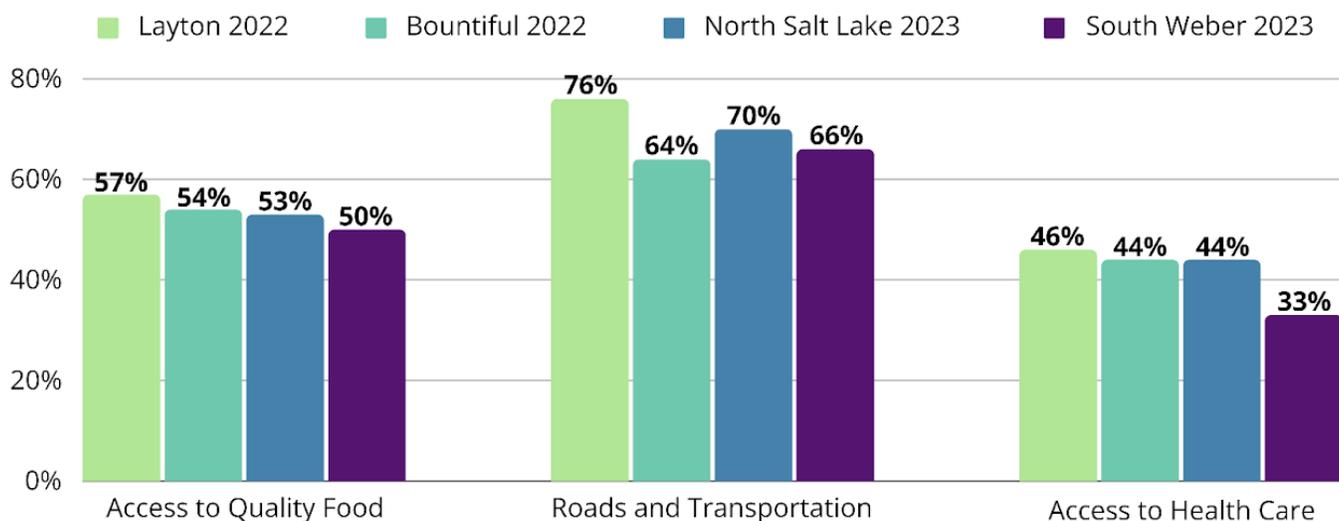
The individual domain of the Community Resilience Survey also asked respondents questions related to **rest and renewal**, or self-care.

- In surveys conducted by the Utah Wellbeing Project in select Davis County cities, respondents were asked to rate their level of personal well-being in the categories of "Leisure Time", "Connection with Nature", and "Social Connections", which were also response options on the Community Resilience Survey. As shown in **Figure 18**, the majority

of respondents reported having "Good" to "Excellent" well-being in these areas ([USU](#), 2022-2023). Well-being related to social connections was lower than the other two categories, which differs from the Community Resilience Survey finding that time with family and loved ones was the most common form of rest and renewal. This difference warrants further exploration.

Figure 18. Percent of Respondents Reporting Good or Excellent in Wellbeing Categories in Davis County Cities Participating in Utah Wellbeing Project
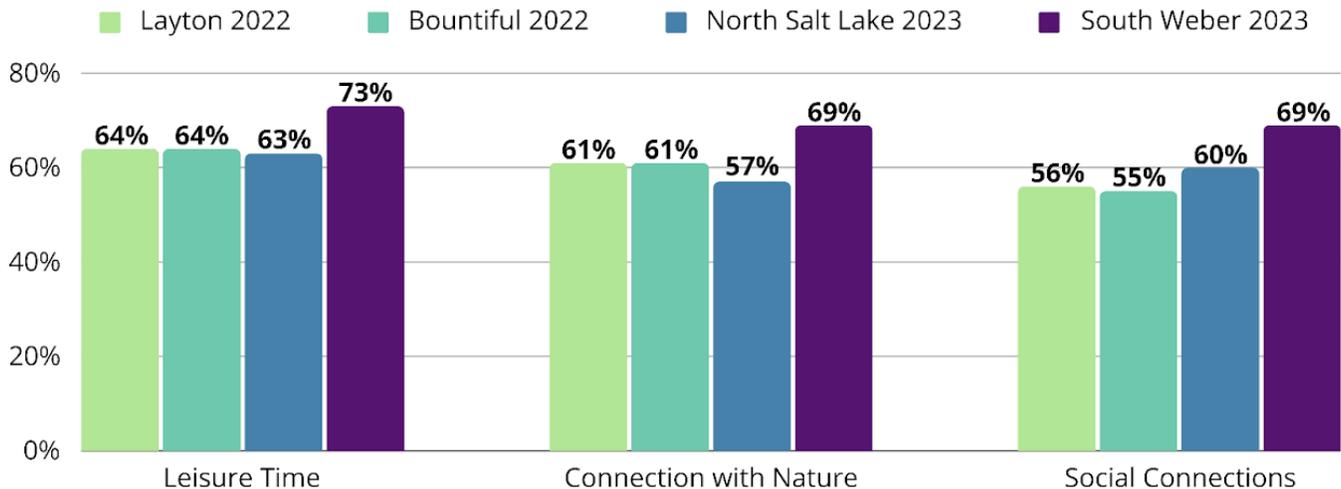
Regarding the **personal qualities** measured in the individual domain of the Community Resilience Survey, there is no known data available measuring these skills in adults in Utah.

Relationship Resilience

The Community Resilience Survey asked about social skills related to emotional safety, which is defined as knowing that being truthful and open about yourself and your actions will not change how much you are loved or valued by the people around you. The survey also asked who respondents relied on for support during life's challenges. Additional data sources related to these topics for adults are very limited.

- **Social connection**: In Davis County, 8.6% of adults felt socially isolated from others always or usually compared to 9.4% of Utahns ([IBIS](#), 2022). This suggests that the majority of adults felt connected to others and aligns with the relationship inventory of the Community Resilience Survey that estimated that less than 7% of Davis County adults had 1 or fewer sources of support. Furthermore, in surveys conducted by the Utah Wellbeing Project in select Davis County cities, over half of the respondents rated their level of personal well-being related to social connections as "Good" to "Excellent" ([USU](#), 2022-2023). However, in all cities, the importance of social connections was rated higher than its level of personal well-being. This may suggest a gap in social connection for adults between actual benefit and desired state that warrants further exploration.

- **Support**: According to the Behavioral Risk Factor Surveillance Survey (BRFSS), 76.6% of Davis County adults got the social and emotional support they needed in 2022, which is significantly lower than the 2010 estimate of 87.0% ([IBIS](), 2010, 2022). The county value also shifted from being better than the state value in 2010 to slightly worse than the state value in 2022. This all suggests that social and emotional support for adults is trending in the wrong direction. The Community Resilience Survey did not ask a comparable question, but did ask about specific social skills that may contribute to adults feeling they did or did not get the social support they needed.

Community Resilience

In the community domain, the Community Resilience Survey measured aspects of **belonging**. Additional sources of belonging data for adults are limited, but those available are listed below.

- **Safety and security**: The 2023 Davis4Health Community Health Assessment (CHA) found that community safety was a strength in Davis County, specifically that it was a common reason people liked living in the county ([DCHD](), 2023). Additionally, safety and security were rated above average and as highly important across the Davis County cities surveyed by the Utah Wellbeing Project ([USU](), 2022-2023).

- **Civic engagement:** The Community Resilience Survey found that having the opportunity to be involved in community decisions was an area for improvement among the aspects of community belonging that the survey measured. This is supported by findings from the Davis County Community Equity Assessment that indicated that when it came to community change, focus group respondents mostly saw the power in the hands of the legislators and city and county leaders, and did not see the desires of community members reflected in decisions ([DCHD](), 2023). Additionally, influencing community decisions can include, but is not limited to, civic engagement, such as voting or responding to the census. According to County Health Rankings and Roadmaps, communities with higher voter turnout tend to report better general health, fewer chronic health conditions, lower rates of death, and less depression ([CHR&R](), n.d). The Utah Healthy Place Index (UT HPI) estimates that Davis County has healthier community conditions for civic engagement than 92.6% of other counties in Utah ([UT HPI](), 2020). Other opportunities for influencing decision-making should be explored to better understand the difference between these data sources.

- **Community connection**: In 2023, the U.S. Surgeon General released a report named "Our Epidemic of Loneliness and Isolation", which outlines the negative effects of loneliness and the benefits of connection at the individual and community levels along with strategies for improvement ([Office of the Surgeon General](), 2023). In surveys conducted by the Utah Wellbeing Project in select Davis County cities, residents were asked, "How connected do you feel to [your city] as a community?" on a scale of one (not at all) to five (a great deal). **Figure 19** (on the next page) summarizes the degree to which they reported feeling

connected to their community. On average, respondents reported feeling moderately connected, as indicated by the taller bars for a score of three in the graph (USU, 2022-2023). This suggests that there is room for improvement in helping Davis County adults feel more connected to their community. Focus groups conducted as part of the Davis County Community Equity Assessment found that a culture of kindness contributed to respondents' sense of belonging. They also found that opportunities to connect were important to respondents. Specifically, connecting with those who have things in common fostered a sense of belonging and created safe spaces (DCHD, 2023).

Figure 19. Percent of Respondents Reporting Community Connection in Davis County Cities Participating in Utah Wellbeing Project
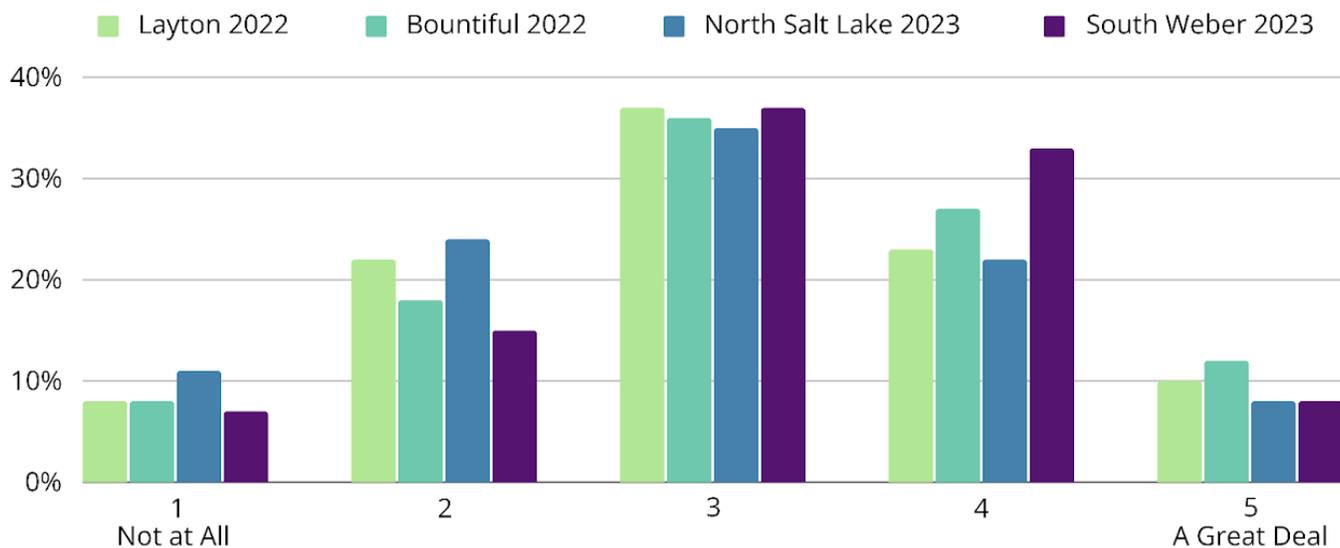
Involvement in the community, along with unfair treatment, were also measured by the Community Resilience Survey. As listed below, additional data sources for involvement are limited, but data on unfair treatment at the local level is unavailable.

- **Social associations:** According to County Health Rankings and Roadmaps (CHR&R), limited involvement in community life is associated with increased morbidity and early mortality. CHR&R uses the rate of membership associations in a county as a measure of community involvement. However, CHR&R acknowledges that a reliable data source for measuring social or community support at the local level does not exist and that their chosen measure does not account for connections from informal, family, or community service sources (CHR&R, n.d.). Davis County is estimated to have 2.2 associations per 10,000 people. Over time, this measure has consistently been marked as an area for improvement in Davis County because its rate has been lower than the state and national rates (CHR&R, 2023). Although not directly comparable to the CHR&R measure, the Community Resilience Survey found that Davis County adults were involved in an average of three local activities or associations and that the majority of respondents were content with the amount they were involved. This suggests that CHR&R's measure may not capture the complete picture of community involvement in Davis County.

Resources

This section lists resources available for building and supporting resilience across the three domains.

Individual Resilience

- **The Davis County Staycation Guide** is a guide to free and low-cost physical activities in Davis County, including camping, splash pads, trails, and more. For more information visit the [DCHD webpage](#).
- **The Davis Mindfulness Center** aims to cultivate community resilience through mindfulness training and wellness education. Mindfulness is the practice of cultivating awareness of what is happening in the present moment in a way that is compassionate, non-reactive, and non-judgmental. Find out more at [dbhutah.org/mindfulness](#).

Relationship Resilience

- Davis Behavioral Health offers the **EveryDay Strong 90-minute training** in a virtual format each month. [Sign up](#) to learn strategies for building resilient children and strong communities. They also offer other [related courses](#).
- The Davis School District offers **social and emotional learning (SEL) resources** for parents, families, and youth. Find these resources and more at the [Davis School District webpage](#). SEL is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to:
    - Understand and manage emotions
    - Set and achieve positive goals
    - Feel and show empathy for others
    - Establish and maintain positive relationships
    - Make responsible decisions
- UNITE developed the **Dignity Index** based on the belief that dignity eases division. It is a [tool](#) that measures how we talk to one another when we disagree, and can be used by both politicians in public conversations and families around the dinner table.
- United Way of Utah County offers a **resilience presentation for parents and other caring adults**. Visit their [website](#) to request a speaker or watch a recorded version of the presentation. They also offer a [handbook](#) to provide trusted adults in a child's life with new ideas, reflection activities, and actions they can take to build the child's resilience.
- The Utah Department of Health and Human Services provides a toolkit to individuals, families, and communities on how to create a culture of connectedness for youth within the home, school, and broader community setting. It is called "**Transforming communities through youth connectedness: A shared risk and protective factor approach to improved community health**" and can be found [here](#).

- USU Extension offers free **research-based workshops** throughout Utah. These include courses about stepfamilies, parenting, couples, and dating. Find out more at HealthyRelationships.org.

Community Resilience

- **Building Community Resilience for Children and Families** provides information about building community resilience, helping communities improve their capacity to respond effectively to natural or man-made disasters or acts of terrorism. This guidebook includes strategies to put in place before an incident occurs to enhance a community's ability to improve its outcomes after an event. It was released by the National Child Traumatic Stress Network.
- Davis County hosts an annual **Community Resilience Symposium** that is open to the public. The purpose of the symposium is to build awareness of Adverse Childhood Experiences (ACEs), become a trauma-informed community, and increase self-care. Recordings of past symposiums can also be found on the Davis County Government YouTube page.
- County Health Rankings and Roadmaps lists programs and policies that build family and social support by increasing social connectedness.
  - **Activity programs for older adults**: Offer group educational, social, creative, musical, or physical activities that promote social interactions, regular attendance, and community involvement among older adults.
  - **Community centers**: Support community venues that facilitate local residents' efforts to socialize, participate in recreational or educational activities, gain information, and seek counseling or support services.
  - **Community arts programs**: Support locally-based visual, media, and performing arts initiatives for children and adults.
  - **Neighborhood associations**: Establish voluntary formal groups of residents who work together to create a unified voice, enhance living conditions in their neighborhood, and address neighborhood concerns.
- **National Strategy to Advance Social Connection** is the result of the Surgeon General's report on how loneliness and connection impact health. The website outlines tools and strategies for increasing community connection.
- **Roadmap to Resilience** is a collection of podcast episodes, short videos, and other digital resources to help children and families overcome adversity and move forward with tools and strategies. Listen to the audio series on the website.

Appendices

Appendix 1: Extended Data

This appendix includes tables with the percentages that correspond to the figures in the assessment. Please contact healthstrategy@co.davis.ut.us for more detailed information.

Appendix 2: Survey

This appendix includes an exact copy of the English paper version of the 2022 Davis4Health Community Resilience Survey that was used to collect responses.

Appendix 1: Extended Data

Demographics

City of Residence	Percent Displayed in Figure 3	City of Resident (cont.)	Percent Displayed in Figure 3 (cont.)
Layton	25.5%	West Point	4.6%
Kaysville	11.5%	North Salt Lake	3.2%
Bountiful	11.2%	South Weber	2.0%
Syracuse	8.8%	West Bountiful	1.9%
Farmington	8.5%	Woods Cross	1.9%
Clearfield	7.3%	Sunset	1.5%
Clinton	6.0%	Fruit Heights	<1%
Centerville	5.2%	Hooper	<1%

Individual Domain

Income Meets Needs	Percent
Yes	84.9%
No	15.1%

Sufficient Rest and Renewal	Percent
Enough Rest and Renewal	59.2%
Not Enough Rest and Renewal	40.8%

Importance of Self-Care	Percent
Absolutely Essential	41.1%
Very Important	47.6%
Average Importance	10.5%
Little Importance	<1%
Not At All Important	<1%

Basic Need	Percent Displayed in Figure 5			
	Always	Usually	Rarely	Never
Shelter or a place to live	95.5%	3.4%	<1%	<1%
Personal hygiene	88.2%	10.8%	<1%	<1%
Transportation	88.4%	9.7%	1.5%	<1%
Access to medical care	85.7%	11.3%	2.2%	<1%
Water	81.6%	15.8%	2.2%	<1%
Food and nutrition	74.0%	22.0%	3.4%	<1%
Physical activity or exercise	34.2%	45.2%	19.4%	1.3%
Sleep and rest	27.9%	56.2%	15%	<1%

Rest and Renewal Activities Done in the Past 30 Days	Percent Displayed in Figure 6
Classes or support groups	8.7%
Time alone	68.7%
Taking a break from social media and/or technology	28.9%
Travel or getting away	57.6%
Time in nature	53.4%
Hobbies (reading, art, etc.)	73.2%
Physical activity or exercise	69.2%
Pampering (nails, massage, etc.)	26.6%
Reflection (journaling, goal-setting, etc.)	23.5%
Spiritual practices	60.7%
Mindfulness (meditation, yoga, etc.)	29.7%
Time with family and loved ones	86.8%
None of the above	1.4%
Write-in: Miscellaneous	<1%
Write-in: Rest/Sleep	<1%

Statement	Percent Displayed in Figure 7			
	Strongly Agree	Agree	Disagree	Strongly Disagree
I can calm myself down.	27.4%	65.7%	6.0%	<1%
I bounce back from life's challenges.	27.5%	64.7%	7.2%	<1%
I know what my strengths are.	29.8%	62.4%	7.0%	<1%
I have goals for my life.	35.2%	56.6%	7.1%	1.1%
I find joy in my daily life.	30.4%	59.4%	8.8%	1.4%
I can process difficult emotions.	20.8%	67.2%	11.0%	1.0%
I am hopeful for the future.	29.4%	57.6%	10.9%	2.1%
I forgive myself for my flaws.	14.2%	58.3%	24.5%	2.9%
I ask for help when I need it.	14.7%	54.6%	27.7%	2.9%

Relationship Domain

Statement	Percent Displayed in Figure 8			
	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
I try to make it right when I have hurt someone.	53.0%	45.7%	1.1%	<1%
I try to understand the perspectives of others.	51.3%	47.6%	<1%	<1%
I feel comfortable being by myself.	48.4%	44.0%	6.6%	1.0%
I work to have healthy relationships with others.	47.0%	50.7%	2.2%	<1%
I feel safe being my true self.	36.1%	52.6%	9.9%	1.4%
I feel safe asking for help.	26.7%	55.7%	15.4%	2.2%
I feel safe enough to be imperfect or make mistakes.	26.5%	55.7%	15.9%	1.8%
I feel safe talking to others about my feelings.	23.5%	54.0%	20.1%	2.4%

Source of Support	Percent Displayed in Figure 9
Immediate family	76.9%
Friends	72.2%
Spouse or partner	70.2%
Coworker	31.1%
Faith leader	27.1%
Extended family (grandparents, aunts, cousins, etc.)	26.3%
Pet or support animal	25.8%
Healthcare providers (doctors, therapists, etc.)	21.7%
Neighbor	15.2%
Technology	10.2%
Support group	3.4%
Teacher (coach, etc.)	2.8%
Caseworker or community health worker	1.9%
None of the Above	1.1%

Other:
  Religious Beliefs
  Myself
  Miscellaneous
	<1%
	<1%
	<1%

Community Domain

Statement	Percent Displayed in Figure 10			
	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
I feel safe where I live.	52.5%	45.4%	1.8%	<1%
I feel that I belong where I live.	36.5%	48.0%	13.4%	2.1%
I trust my neighbors.	33.9%	57.2%	8.0%	1.0%
I have opportunities to participate in my culture where I live.	33.8%	52.2%	11.8%	2.3%
I feel valued by others where I live.	25.8%	54.9%	17.3%	2.0%
I am proud of my community.	24.5%	63.6%	10.6%	1.3%
I feel understood by others where I live.	20.9%	54.7%	20.9%	3.5%
I have the opportunity to be involved in community decisions.	19.2%	54.3%	22.3%	4.2%

Type of Involvements	Percent Displayed in Figure 11
Religious	70.9%
Work	49.0%
Social media	44.6%
Physical activity	37.2%
Charity or service	35.7%
Neighborhood	33.4%
School	29.7%
Skills and hobbies	24.9%
Civic groups	8.4%
None	4.7%
Other	1.4%

Statement	Percent Displayed in Figure 12
Yes, I am content with my involvement.	68.5%
No, I wish I was more involved.	30.4%
No, I wish I was less involved.	1.1%

Unfair Treatment in the Last 30 Days	Percent Displayed in Figure 13
No	82.0%
Yes	11.6%
Unsure	6.4%

Situation	Percent Displayed in Figure 14
You were treated with less courtesy or respect than other people	51.0%
Different type of unfair treatment.	43.4%
People acted as if they thought you were not smart.	37.8%
You received poorer service than other people in restaurants or stores.	21.4%
You were threatened or harassed.	13.8%
People acted as if they were afraid of you.	11.2%
You were followed around in stores.	11.2%

Coping Strategies in Response to Unfair Treatment	Percent Displayed in Figure 15
Talked to someone about how you were feeling.	45.7%
Accepted it as a fact of life.	45.2%
Tried to do something about it.	30.7%
Prayed about the situation.	29.1%
Worked harder to prove them wrong.	24.6%
Other type of coping strategy.	20.1%
Blamed yourself or your actions.	19.6%
Expressed anger or got mad.	19.6%
None of the above.	12.6%

Setting	Percent Displayed in Figure 16	
	Treated Fairly	Treated Unfairly
School	88.6%	11.4%
Home	88.6%	11.4%
Neighborhood	83.4%	16.6%
Church	82.4%	17.6%
Store/business	80.5%	19.5%
Work	74.4%	25.6%

Appendix 2: Survey

Davis4Health
community
resilience survey

Thank you for your interest in this effort to understand resilience, or the ability to overcome life's challenges through individual skills, relationships, and community connections.

Length: This survey is 26 questions long and will take about 10 minutes to complete.

Purpose: The purpose of this survey is to measure resilience among adults (age 18+) in Davis County. The data will be used in the Davis4Health Community Health Assessment and will guide community partners to better support the well-being of individuals and families living in Davis County.

Compensation: You may choose to enter your email address or phone number at the end of the survey to be entered into a drawing for one of ten $25 gift cards.

Confidentiality: Your responses are anonymous. If you enter the prize drawing, your responses will be kept confidential and separate from your contact information.

Sponsor: Davis4Health, Davis County's health improvement partners. For more information contact healthstrategy@daviscountyutah.gov.

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* 1. Where in Davis County do you currently live? **(required)**

○ Bountiful	○ Hill Air Force Base	○ South Weber
○ Centerville	○ Hooper	○ Syracuse
○ Clearfield	○ Kaysville	○ West Bountiful
○ Clinton	○ Layton	○ West Point
○ Farmington	○ North Salt Lake	○ Woods Cross
○ Fruit Heights	○ Sunset	○ I don't live in Davis County

* 2. Are you 18 years or older? **(required)**

○ Yes   ○ No

DAVIS 4 HEALTH

Section I: Individual

The questions in this section will ask you to reflect on your own experiences, qualities, and behaviors.

Physical needs are the basic items you need to maintain a minimum level of health.

3. In the *past 30 days*, how often do you feel your needs were met? **(Mark with an X.)**

	Always	Usually	Rarely	Never
Food and nutrition				
Water				
Sleep and rest				
Shelter or a place to live				
Physical activity or exercise				
Transportation				
Personal hygiene				
Access to medical care				

4. Do you feel like your household income meets your needs?

○ Yes   ○ No

Rest and renewal, sometimes called self care, is the time and attention you give yourself to meet your needs, which in turn provides you the energy to be your best even in difficult situations.

5. How important is rest and renewal to you? **(Circle one.)**	Absolutely Essential	Very Important	Average Importance	Little Importance	Not At All Important

6. In the *past 30 days*, which activities did you do for your rest and renewal? **(Select all that apply.)**

○ Physical activity or exercise
○ Hobbies *(reading, art, etc.)*
○ Mindfulness *(meditation, yoga, etc.)*
○ Spiritual practices
○ Travel or getting away
○ Classes or support groups
○ Pampering *(massage, nails, etc.)*
○ Time with family and loved ones

○ Time in nature
○ Time alone
○ Reflection *(journaling, goal-setting, etc.)*
○ Taking a break from technology and/or social media
○ None of the above in the past 30 days
○ Other not listed *(please specify)*:

7. In the *past 30 days*, do you feel like you had enough rest and renewal?

○ Yes   ○ No

8. On average, how much do you agree with the following statements about your life? (**Mark with an X.**)

	Strongly Agree	Agree	Disagree	Strongly Disagree
I have goals for my life.				
I am hopeful for the future.				
I find joy in my daily life.				
I bounce back from life's challenges.				
I know what my strengths are.				
I forgive myself for my flaws.				
I ask for help when I need it.				
I can process difficult emotions.				
I can calm myself down.				

Section II: Relationships

The questions in this section will ask you to reflect on your relationships with other people.

Relationships are built on feelings of safety with the people around you. *Emotional safety* **is knowing that being truthful and open about yourself and your actions will not change how much you are loved or valued by the people around you.**

9. On average, how much do you agree with the following statements about your life? (**Mark with an X.**)

	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel safe being my true self.				
I feel comfortable being by myself.				
I feel safe asking for help.				
I feel safe enough to be imperfect or to make mistakes.				
I feel safe talking to others about my feelings.				
I try to make it right when I have hurt someone.				
I try to understand the perspectives of others.				
I work to have healthy relationships with others.				

Page 3. *continue to back*

10. When facing life's challenges, who do you rely on for support? **(Select all that apply.)**

- ○ Caseworker or community health worker
- ○ Coworker
- ○ Extended family *(grandparents, aunts, uncles, etc.)*
- ○ Faith leader
- ○ Friends
- ○ Healthcare provider *(doctor, therapist, etc.)*
- ○ Immediate family *(parents, children, siblings)*
- ○ Neighbor

- ○ Support group
- ○ Pet or support animal
- ○ Spouse or partner
- ○ Teacher *(coach, administrator, etc.)*
- ○ Technology
- ○ None of the above
- ○ Other not listed *(please specify)*:

Section III: Community

The questions in this section will ask you to reflect on the community <u>where you live</u> currently.

11. On average, how much do you agree with the following statements about your community? **(Mark with an X.)**

	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel safe where I live.				
I feel that I belong where I live.				
I have the opportunity to be involved in community decisions.				
I am proud of my community.				
I trust my neighbors.				
I have opportunities to participate in my culture where I live.				
I feel valued by others where I live.				
I feel understood by others where I live.				

12. In general, which local activities and associations are you involved in? **(Select all that apply.)**

- ○ Charity or services associations and activities
- ○ Civic groups *(political organizations, veterans associations, etc.)*
- ○ Neighborhood associations and activities
- ○ Physical activity *(sports teams, walking groups, etc.)*
- ○ Religious or spiritual associations and activities
- ○ School associations and activities *(PTA, parent groups, volunteering, etc.)*

- ○ Social media or virtual groups *(neighborhood Facebook groups, NextDoor app, etc.)*
- ○ Skills and hobbies *(book clubs, knitting circles, etc.)*
- ○ Work associations and activities
- ○ None of the above
- ○ Other not listed *(please specify)*:

13. Are you content with the amount of local activities and associations you are involved in?

- ○ Yes, I am content with my involvement
- ○ No, I wish I was *more* involved
- ○ No, I wish I was *less* involved

Unfair treatment can occur when someone is treated differently than another person in the community because of who they are or how they look. This may be accidental or intentional, but it can impact our feelings of connection or the opportunities and services we can access.

14. In the past 30 days, have you ever felt that you were treated *unfairly* in the community? **(Circle one.)**	Yes	No	Unsure

If you selected "No", please skip to Question 17.

15. In the *past 30 days*, have any of the following happened to you? **(Select all that apply.)**

- ○ You were treated with less courtesy or respect than other people.
- ○ You received poorer service than other people at restaurants or stores.
- ○ People acted as if they thought you were not smart.
- ○ People acted as if they were afraid of you.
- ○ You were threatened or harassed.
- ○ You were followed around in stores.
- ○ None of the above
- ○ Other not listed *(please specify)*:

16. In the *past 30 days*, how did you respond to the thing(s) that happened to you? **(Select all that apply.)**

- ○ Tried to do something about it
- ○ Accepted it as a fact of life
- ○ Worked harder to prove them wrong
- ○ Blamed yourself or your actions
- ○ Talked to someone about how you were feeling
- ○ Expressed anger or got mad
- ○ Prayed about the situation
- ○ None of the above.
- ○ Other not listed *(please specify)*:

17. In the *past 30 days*, how have you been treated in the following locations? **(Mark with an X.)**

	Treated Fairly	Treated Unfairly	Location Not Applicable
Home			
Work			
Church			
Neighborhood			
Store/Business			
School			
Other (please specify): _____			

Section IV: Tell Us About You!

18. How long have you lived in Davis County? _____ years

19. What is your current age? _____ years old

20. What is your annual household income before taxes? $_____

21. How many people live in your household (including yourself)?

	Number of People
Full-time working adults	
Part-time working or non-working adults	
Dependent children	

22. What is your race and/or ethnicity? **(Select all that apply.)**

   ○ American Indian or Alaska Native   ○ Native Hawaiian or other Pacific Islander

   ○ Asian or Asian American   ○ White

   ○ Black or African American   ○ Not listed *(please specify)*: _____

   ○ Hispanic or Latino   ○ Prefer not to disclose

   ○ Middle Eastern or North African

23. What is your current gender? **(Select all that apply.)**

   ○ Female   ○ Transgender

   ○ Male   ○ I use a different term *(please specify)*: _____

   ○ Non-Binary or Genderqueer   ○ Prefer not to disclose

24. Which of the following best represents how you think of yourself? **(Select all that apply.)**

   ○ Bisexual   ○ Unsure or do not know

   ○ Lesbian or gay   ○ I use a different term *(please specify)*: _____

   ○ Straight, that is not gay or lesbian   ○ Prefer not to disclose

25. Which religious group do you identify with? **(Select all that apply.)**

   ○ Spiritual, but not religious   ○ Religious *(please specify church type)*: _____

   ○ Neither religious nor spiritual   ○ Prefer not to disclose

26. Is there anything else you would like to share?

   [   ]

27. If you would like to be entered into a prize drawing, please write your email address or phone number here.

   [   ]   **This is optional**. *Your contact information will never be linked to your survey responses.*

To be connected with resources in your area, visit Davis4Health.org or
call a Davis County Health Department community health worker at 801-525-4950.

For questions or to learn more about this survey, email healthstrategy@daviscountyutah.gov.
Thank you for sharing your valuable time and input to help us make Davis County a healthy place to live!

Please return the survey to a staff member.