**Health Education Proposal: The Bridge to Resilience**

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**Statement of Purpose:**

To teach the target population coping mechanisms and resilience skills in 4 to 5 sessions.

**Public Health Issue:**

The purpose of this proposal is to introduce a population-based health education program to address the resilience skills in children ages eleven and twelve. Around the world people’s lives have changed due to COVID-19. Most children have not been in school or been able to receive the academic and social support they need for over a year. Being out of school and social settings for over a year has taken a toll on many children's emotional and social skills. The online relationships and home dependence seems to have grown the stress, anxiety, and anger in these children. Resilience to these emotions and building coping skills will be crucial for their success. We have defined resilience as how well people bounce back in response to stress, anxiety, threats, or other adversities and vulnerabilities that they may face. Our goal is to help build these abilities, that are lacking, to help these children adapt and grow for their futures.

**Literature:**

The literature indicates that topics of growth mindset, meditation, relaxation, coping strategies, and social support can be utilized in resilience programs (Harms, Brady, Wood, & Silard, 2018; Alvord & Grados, 2005; Kwak et al., 2019; Rogers, 2013; Warren, Smeets, & Neff, 2016). The level of well-being for children in Dekalb county has been shown to be low or between low and average in most parts by the United Way of Greater Atlanta (2021). In addition to a lower level of well-being, ages twelve to thirteen have had an increase of 8.4% in anxiety and depression from 2004 to 2019 (*Solutions & Challenges for Children's Mental Health in the COVID-19 Pandemic*  2021). In order to address the problem of growing mental health issues we need to teach children how to deal with difficult situations that arise. Previous evidence-based activities have been researched to enhance resilience. The Bridge to Resilience program will be a combination of evidence based activities tailored to create a program based on the target population.

**Research Question:**

How do children learn resilience skills for coping and adapting?

**Intervention Program:**

The department of public health community-based project will focus on the mental health of children and the impact of COVID-19. Key informant interviews and focus groups will be conducted to assess the needs of children ages eleven and twelve of all genders and ethnicities. The interviews and focus groups will consist of parents and children, with a possibility of also having input from teachers and/or other community members who work and/or support children ages eleven and twelve. The questions will assess stress, anxiety, anger, relationship conflicts, life skills, independence, and resiliency. The information obtained from these interviews and focus groups will help guide the content development for this program.

Content will be created for five sessions that is engaging and kid friendly. The sessions will focus on building the coping skills and life skills that are seen to be in need based on the information from the key informant interviews and focus groups. The discussion topics, activities, and games will be researched from peer-reviewed articles for evidence-based content pieces. Content will cover topics such as: resilience, stress, anxiety, anger, peer relationships, conflicts, life skills, independence, and emotion regulation. Content will then be taught at a camp over the summer in-person by the research team. Participants will consist of approximately fifteen children ages eleven and twelve at a camp in Dekalb county Georgia. This program will last from June to August of summer 2021.

To assess effectiveness of this quasi-experimental field trial, the researchers will use The Resilience Scale (RS-10). This is a short 10-item scale to assess an individual’s resilience. The children will fill out The Resilience Scale (RS-10) at the beginning of the first session and end of the last session. The Resilience Scale (RS-10) has been validated by prior research.

**SMART Objectives:**

Each session will have it’s own SMART Goal. Session 1: Learn one new activity together before the end of the session. Session 2: During the session, create a saying to keep a growth mindset. Session 3: Learn two coping mechanisms, today, to use when you get upset. Session 4: By the end of the day, create an affirmation for yourself based on your feeling of happiness. Session 5: TBD.

The discussions and activities in the session will be geared toward the goals. Students will learn to create their own goals and accomplish these goals to help them focus and feel a sense of personal success.

**Expected Project Timeline:**

At the present moment we have submitted IRB forms to the Mercer University Dean for approval for the interviews and focus groups as well as the Program. Once the IRB forms are approved we can start the interview and focus group process. We are looking to conduct these interviews and focus groups during the first two to three weeks in June. The following week we will adjust our content based on what was learned in the interviews and focus groups. Currently, we are creating an outline/rough draft of the session plans. We hope to then start the program during the third to fourth week of June. It is still to be determined on the timeline for the sessions. The program may be taught once a week for five weeks, once a day for one week, or twice a week for two and a half weeks. No matter what the format ends up as, the program should be finished by the end of July. During the end of July and into the beginning of August we will then assess the data and report conclusions.

**Impact on the Community:**

This program will support children in their growth and teach skills for adaptation as the state of the world changes. These skills that are taught may be used for years to come. Kids will affect others in their lives who may end up learning these skills from them. In the future, this program can be used in classrooms, after school sessions, community center courses, and/or other camp sessions.

**Partnerships:**

The saying goes, “two heads are better than one”. I can be extremely helpful to have advice and opinions of others, especially those in different areas of expertise. Our team, as of now, consists of a Public Health student, a Physician Assistant student, Mercer University Faculty members, and a community member. This team may grow to include more of the community that can advise the researchers as the program is developed and taught. The researchers will also be partnering with a Community Center for their facilities and camp participants. These collaborations will serve the program well in creating something that is evidence-based and community driven.

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