# #PrepYourHealth
# Discussion Guides

Social Determinants of Health Series

## Social and Community Context

**Social determinants of health (SDOHs)** are non-medical factors that influence health outcomes. They are the conditions in which people are born, live, learn, work, play, worship, and age, and the wider set of forces and systems shaping the conditions of daily life.

SDOHs are grouped by **Healthy People 2030** into five key areas. This discussion guide focuses on the area **of social and community context**. This area refers to the characteristics of these contexts and the connection to how people live, learn, work, and play, and their health and well-being.

## Before the Discussion

If you have not already done so, please take the following steps:

- Review the introductory material and discussion guide instructions for information on how to use this guide.
- Learn more about SDOHs (e.g., social and community context), key issues, and how people relate to and interact with family, friends, co-workers, and community members (i.e., understanding of your audience).
- Familiarize yourself with local voluntary organizations active in disaster (VOAD) and the services they provide.
- Create a list of partner government and community-based agencies to invite to your discussion. Use the prework questions to help you decide who to invite. Invitees should include Invitees should include VOAD whose services improve conditions in social and community contexts.
- Decide if you will distribute the prework questions to participants in advance of the activity or answer the questions as a group before the activity. If you opt for the former, ask participants to record their answers and bring them to the activity.

## Social and Community Context

Social and community context includes key issues such as cohesion within a community, civic participation, discrimination, conditions in the workplace, and incarceration. These issues can make it difficult or impossible for people to prepare for and respond to an emergency to the best of their abilities.

This discussion guide focuses on the cohesion of a community, particularly social networks and social support. People's interactions with and connectedness to family, friends, neighbors, co-workers, and others in their networks can affect their health, well-being, and opportunities to prepare for emergencies. For example,

- People experiencing **social isolation** may find it difficult to build a personal support network.
- People who have experienced **discrimination** or racism may distrust their local government and its recommendations.
- People from households where English is not the primarily language spoken are more likely to **get involved** in their community and with neighbors.
- People who have fewer opportunities for **civic participation** in emergency response organizations, such as **Community Emergency Response Team**, may find it difficult to build community resilience.

The objectives of this discussion-based activity are to help emergency planners

- better understand how conditions associated with social and community context affect how people prepare for and respond to emergencies.
- identify gaps in emergency planning and partnerships associated with the impacts of social and community context on people's preparedness for and response to emergencies.
- ideate ways to build new and leverage existing partnerships in the whole community to reduce or remove barriers to personal health preparedness for and response to emergencies.

Just promoting healthy choices and protective actions won't eliminate the barriers related to SDOH. Public health departments and their partners must act to understand and address conditions of social and community context in their planning and processes.

## Scenario Overview

The discussion guides in this series use the scenario of a mass evacuation. Mass evacuations are possible in response to many different types of emergencies, including hurricanes, chemical spills, and wildfires.

An evacuation order may raise questions in the minds of many people in the community.

- "Am I capable of evacuating on my own?"
- "Are my family members, friends, or others in my network evacuating?"
- "Who in my community can I ask for help (e.g., a ride to the shelter)?"
- Regarding protective actions, "Can I trust the source of the recommendation, and is the action (e.g., evacuation) in my best interest?"

Many people rely on the decision-making of others and information from various sources. It's not just a matter of following an evacuation order; it's a matter of the people around us and their influence on our decision-making processes and evacuation behavior.

Please note that neither this scenario nor the discussion questions address all key issues associated with social and community context. Examples and evidence of SDOH impacts and interventions are likely to evolve with additional research and experience.

### *Lessons from the Field*

Review the below key issues and barriers that a mass evacuation might cause members of your community.

Think of past events that caused perceptible preparedness and response challenges in/to your community. Incorporate identified gaps and lessons learned from those events into your discussion. Lived experiences can add depth to your discussion.

### *Key Issues & Barriers*

Your community is under an evacuation order. People's responses to the order are influenced by their social networks and social support systems.

Some people who experienced past discrimination may not evacuate because they distrust their local government officials.

People with small or less diverse social networks may be less likely to evacuate. For example, first-generation immigrants experience stressors, such as language barriers, differences in community and family dynamics, and new relationships that lack depth or history, which can increase their social isolation. If they do evacuate, they may travel farther than those with a dense and diverse social support system.

As mentioned in the Neighborhood and Built Environment discussion guide, access to reliable transportation is also an issue. If they do evacuate, the social support they need may not be available at their destination.

People with tight-knit communities may not want to evacuate because they are the social support for their community or they will leave their social support system behind. As a result, they may not evacuate and as a result, be at increased risk of harm or injury from the emergency event.

## Discussion Questions

- What actions can you take to collect household-based information about your community?
  - » Has your community conducted a community assessment, such as CASPER? Community Assessment for Public Health Emergency Response (CASPER) is an epidemiologic technique designed to provide public health leaders and emergency managers with household-based information about a community.
  - » What community-based partners might you work with to conduct a community assessment?
- What plans and procedures does your community have for engaging people experiencing social isolation?
  - » What organizations are available in your community to reach groups who are socially isolated in ways that put their health and safety at risk during an emergency?
  - » Do these community-based organizations have continuity of operations plans? How might an emergency or disaster affect their services?
- What plans and procedures do you have for engaging with community groups in a sustainable, equitable, and inclusive way?
  - » How can you build public trust within your community? How can you build confidence in your protective action recommendations?
  - » Who are the trusted messengers (e.g., faith- and community-based leaders) you work with to tailor and share culturally relevant messages and materials?
- What plans and procedures does your community have for providing mass-care services (e.g., sheltering, feeding, distribution of emergency supplies)?
  - » Do these plans and procedures include ways to create/provide equitable, accessible, and inclusive spaces/ services (e.g., family-friendly spaces)?
  - » What community- and faith-based organizations can you partner with to improve your organizations' cultural competence?
- What civic participation (e.g., volunteer organizations) and community resilience building (e.g., full-scale exercises) opportunities are available to people in your community?
- What social networking (e.g., block parties, online communities) opportunities are available to people in your community?
  - » How might these networks affect decision-making related to evacuation or other protective actions?

## After Your Discussion

A lot of useful information should come out of your discussion. Use this information to take actions that better prepare your community for an evacuation. Next steps may include the following:

1. Collect written or typed notes and any additional feedback from the note taker and participants. If the meeting is virtual, consider reviewing the transcript for additional insights, if you chose to record the meeting.
2. Summarize the discussion and detail any after actions in a written report (optional). A simple follow-up e-mail with highlights of the discussion and action items can help ensure these ideas are implemented in future planning and response efforts.

3. Stay informed of contributions to the preparedness and response knowledge base and [evidence-based resources related to social and community context](). Evidence of SDOH impacts in emergency response is likely to evolve with additional research and experience.
4. Seek out promising practices (i.e., interventions that include measurable results and report successful outcomes) that have removed or reduced economic stability barriers on people's preparedness for and response to emergencies. Examples of SDOH interventions are likely to evolve with additional research and experience.A lot of useful information should come out of your discussion. Use this information to take actions that better prepare your community for an evacuation. Next steps may include the following:

5. Collect written or typed notes and any additional feedback from the note taker and participants. If the meeting is virtual, consider reviewing the transcript for additional insights, if you chose to record the meeting.
6. Summarize the discussion and detail any after actions in a written report (optional). A simple follow-up e-mail with highlights of the discussion and action items can help ensure these ideas are implemented in future planning and response efforts.
7. Stay informed of contributions to the preparedness and response knowledge base and [evidence-based resources related to social and community context](). Evidence of SDOH impacts in emergency response is likely to evolve with additional research and experience.
8. Seek out promising practices (i.e., interventions that include measurable results and report successful outcomes) that have removed or reduced economic stability barriers on people's preparedness for and response to emergencies. Examples of SDOH interventions are likely to evolve with additional research and experience.

## Promising Practice

The San Francisco Fire Department [Neighborhood Emergency Response Team]() (NERT) is a community-based training program dedicated to a neighbor-helping-neighbor approach. NERT is a free training program for individuals, neighborhood groups, and community-based organizations in San Francisco. Through this program, individuals will learn the basics of personal preparedness and prevention. The training also includes hands-on disaster skills that will help individuals respond to a personal emergency as well as act as members of a neighborhood response team.

## Resources

The below list of resources is not exhaustive. Neither the inclusion nor the mention of a resource in this discussion guide suggests an endorsement of a group, product, or service by CDC.

1. [About Social Determinants of Health](), CDC
2. [Engaging Faith-based and Community Organization](), U.S. Department of Homeland Security
3. [HUD Community Resilience Toolkit](), U.S. Department of Housing and Urban Development
4. [Loneliness and Social Isolation Linked to Serious Health Conditions](), CDC
5. [Public Health Action Guide: Public Transportation](), CDC Foundation
6. [Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](), CDC