SMHN Coronavirus Series

# Culture and Metropolitan Communities

Equity, resilience, and sustainability are all relevant to post-disaster efforts to build healthier communities. Conversely, policies and practices that are exclusionary and promote inequality undermine a community's long-term viability. Disasters, including the COVID-19 pandemic, affect many aspects of a community. In turn, these aspects affect the health risks and overall health of its residents. Indeed, health status and resilience (or inversely, vulnerability) are intimately linked at both the individual and community levels.[1]

Disaster-related effects may be experienced differentially within a community as a result of the disproportionate vulnerability of certain subpopulations. Community can be defined in multiple ways—for example, as a population of individuals that share a geographic area, a culture, religious beliefs, or self-defined interests. The impact of a disaster on the health of a community is complex to predict, difficult to measure, and heavily influenced by both health- and nonhealth-related preexisting factors, including the level of pre-disaster planning, community demographics, social and economic conditions, community health status, community cohesion and cultural practices, geography, and any history of previous disasters. The silver lining is that the post-disaster recovery period can be an opportunity to redesign physical and social environments in a manner that will improve a community's long-term health status while also reducing its vulnerability to future hazards.[1]

> " Emergency preparedness is... the knowledge and capacities and organizational systems developed by governments, response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from the impacts of likely, imminent, emerging, or current emergencies."
>
> World Health Organization.[2]

### Emerging Issues in Preparedness [3]

As the United States prepares to address a range of emerging issues related to preparedness, communities can also become impacted in several ways. As reflected in the Healthy People 2020 national objectives, stakeholders can:

- Plan for the increased prevalence of emerging and re-emerging infectious diseases
- Incorporate Disaster Risk Reduction as an approach to preparedness
- Focus on health disparities and variations in preparedness across geographies, communities, and demographics
- Analyze how demographic trends are changing the vulnerability of populations during public health emergencies
- Increase opportunities for public-private partnerships
- Protect against threats to Electronic Health Record systems
- Identify how to take advantage of trends in technological innovation
- Increase transparency and flexibility in supply chain management

## Background Information (Populations with Low Socioeconomic Status Characteristics)

### Healthcare access & affordability

Fear of a biased healthcare system may exacerbate long-standing distrust among marginalized populations including populations with low socioeconomic status (SES) characteristics. This fear may potentially deter individuals from seeking testing and follow-up care and placing them at even higher risk for COVID-19 or its associated complications. Steps can be taken to increase the trust among these populations: Resource allocation criteria should be explicit and transparent, resource allocation committee members should be visible and accessible, COVID tracking data should be stratified by demographic characteristics, and dashboards created to quickly determine if disparities in resource allocation are occurring. Involving community representatives in monitoring the dashboard would enhance trustworthiness.[4]

Low-income communities are more susceptible to experiencing the negative effects before and after a disaster for a variety of reasons, such as SES, literacy, culture, and language differences, lower perceived personal risk from emergencies, distrust of warning messengers, lack of preparation and protective action, as well as reliance on informal sources of information.[5]

## Where Low SES Populations-Live, Work, Play and Learn

Community resilience is the sustained ability of a community to withstand and recover from adversity (e.g., economic stress, influenza pandemic, man-made or natural disasters).[6]

The constant and interconnecting threats of poverty, hunger, unstable housing, and unemployment along with the higher exposure to the general public while employed in public-facing jobs increase risks associated with exposure to the Coronavirus.[7] A few examples of public-facing or frontline jobs may include employees in mass transit, custodian or sanitation services, the restaurant industry, grocery stores, manufacturing, home health care, retail, transportation, warehouse distribution, taxi drivers, baggage porters, hotel staff, as well as barbershop and beauty salons. And in some instances, reliance on public transportation involving crowded buses, trains, or subways also places low-income populations at greater risk.[8] Moreover, low-income workers across different industries, occupations, and geographic regions are less likely to have access to paid sick leave and comprehensive healthcare coverage that would allow them to reduce risks, and stay healthy and financially secure throughout the pandemic.[9]

Furthermore, place-based risks and resource deficits help explain the prevalence of Covid-19 along racial lines. Examples include the uneven geographic distribution of preventive care services or the concentration of respiratory hazards and environmental toxic sites in low-SES minority population-concentrated areas.[10]

Incorporating public health along with health equity as part of broader strategic planning and implementation phases across multiple sectors is important. This means utilizing health impact assessments, community health needs assessments, and community health improvement plans, while also taking to account emergency preparedness, prevention, response, recovery, and mitigation phases, especially among low-income populations at higher risk for or diagnosed with medical conditions (including cancer and tobacco-related diseases). The inclusion of these elements can be utilized to assist major stakeholders and policy makers with evaluating programmatic, funding, and policy-related decisions to minimize unintended negative health outcomes and health inequities.[11]

### RESOURCES

CDC. Social Vulnerability Index (SVI): https://svi.cdc.gov/

CDC. COVID-19 Resources: https://www.cdc.gov/coronavirus/2019-nCoV/index.html

CDC. Disability and Health Emergency Preparedness
https://www.cdc.gov/ncbddd/disabilityandhealth/emergencypreparedness.html

CDC. Public Health Preparedness Resources: https://www.cdc.gov/cpr/readiness/resources.htm

CDC. Screen for Life: National Colorectal Cancer Action Campaign https://www.cdc.gov/cancer/colorectal/sfl/index.htm

CDC. National Breast and Cervical Cancer Early Detection Program (NBCCEDP) https://www.cdc.gov/cancer/nbccedp/

CDC. Tips from Former Smokers Campaign https://www.cdc.gov/tobacco/campaign/tips/index.html

Centers for Medicare and Medicaid Services. Marketplace coverage and Coronavirus
https://www.healthcare.gov/coronavirus/ and https://www.healthcare.gov/get-coverage/

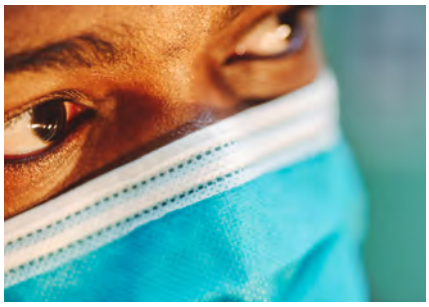
National Cancer Institute. Organizations that Offer Free Cancer Support Services
https://www.cancer.gov/about-cancer/coping/adjusting-to-cancer/support-groups

National Colorectal Cancer Roundtable. 80% In Every Community: https://nccrt.org/80-in-every-community/

Kaiser Family Foundation. State Data and Policy Actions to Address Coronavirus - Maps and Data:
https://www.kff.org/coronavirus-covid-19/

Patient Advocate Foundation. Covid Care Resource Center: https://www.patientadvocate.org/covidcare/

State Cessation Coverage (American Lung Association)
https://www.lung.org/policy-advocacy/tobacco/cessation/state-cessation-coverage



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3. Healthy People 2020. Preparedness.
4. Saha S, Beach MC. A model for avoiding unequal treatment during the COVID-19 pandemic. Health Affairs Blog, May 14, 2020.
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9. Garfield R, Rae M, Claxton G, et al. Double jeopardy: Low wage workers at risk for health and financial implications of Covid 19. Kaiser Family Foundation, COVID-19. April 29, 2020.
10. Chowkwanyum M, Reed A. Racial health disparities and Covid-19 — caution and context. N Engl J Med 2020;383:201-203.
11. National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.



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