How Right Now Campaign

How Right Now: The Role of Social Determinants of Health As They Relate to Emotional Well-Being Amidst the COVID-19 Pandemic
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Abstract

- Pandemics are stressful times, full of uncertainty and fear. During the COVID-19 pandemic, many Americans have experienced feelings of stress, grief, and loss. How Right Now (HRN) – and its Spanish-language counterpart, Qué Hacer Ahora (QHA) – is an evidence-based, culturally-relevant communication campaign designed to promote and strengthen the emotional well-being and resiliency of populations adversely affected by the COVID-19 pandemic and beyond. Developed by the Centers for Disease Control and Prevention (CDC) with support from the CDC Foundation, the campaign aims to help all Americans but has a specific focus on some of the disproportionately affected groups, including adults over 65 and their caregivers, individuals with pre-existing physical and mental health conditions, people experiencing violence, and those experiencing economic distress. Based on rapid, but robust, formative research, HRN offers audience-centric messages representing the real, everyday experiences and emotions that these audiences are having and addresses them in actionable ways. These include messages that address the social and structural barriers that disproportionately-affected groups have been facing long before the pandemic — and which are felt more acutely now. This paper provides an overview of the rapid, mixed-method, culturally-responsive formative research process undertaken to inform the development of HRN. Specifically, it describes how HRN’s disproportionately-affected audiences describe and discuss their emotional well-being during COVID-19 through the lens of Social Determinants of Health (SDOH). We introduce a secondary theory, Vital Conditions for Health and Well-Being (VCHW), which conceptualizes holistic well-being and the conditions that give rise to it and identifies levers for community change and improvement. Data collection methods included an environmental scan (n≥700 publications); social listening (n≥1 million social media posts); partner needs-assessment calls (n=16); partner-convened listening sessions with community members (n=29), online focus groups (n=10), and a national probability survey (n=731), all in English and Spanish. Findings suggest that HRN’s priority audiences’ emotional well-being and SDOH are interconnected. Disruptions in SDOH due to the COVID-19 pandemic can lead to emotional well-being challenges (e.g., anxiety) for HRN’s priority audiences. While some disruptions may lead some people to adapt, connect with others, and be more resilient, there is a disparate impact of emotional well-being amid COVID-19 for those already experiencing disparities linked to SDOH. Understanding the perspectives and experiences of disproportionately affected populations through the lens of SDOH is vital to identifying the kinds of supports and services – like How Right Now/Qué Hacer Ahora – required for these populations.
Key Words

- social determinants of health
- vital conditions for health
- mental health
- emotional well-being
- coping
- resilience
- COVID-19
- pandemic
- disproportionately affected populations
Introduction

- Comprehensive effort to reach groups that are at higher risk for severe illness from COVID-19 and that are facing mental health and emotional well-being challenges due to the pandemic
  - Grounded in evidence-based health communication, psychology, and behavior change theory

- Desired outcomes
  - Improved coping and emotional well-being among audiences
  - Reduction of risk of adverse behaviors

- Priority audiences (with emphasis on groups disproportionately impacted by COVID-19)
  - Older adults (65+) and their caregivers
  - People with pre-existing physical and mental health conditions
  - People experiencing violence
  - People experiencing economic distress

- Informed by research

- Conducted in partnership with audience-focused public health organizations
Social Determinants of Health

- Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

- Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place”.

- Five key areas of SDOH: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.
Vital Conditions for Health and Well-Being

- Vital Conditions for Health and Well-being (VCHW) is a useful framework for conceptualizing holistic well-being and the conditions that give rise to it, as well as ways to improve the community.

- It brings together major determinants of health, exposing how parts of a multifaceted whole work as a system to produce population well-being.

- There are 7 vital conditions for health and well-being: basic needs for health and safety; lifelong learning; meaningful work and wealth; humane housing; reliable transportation; thriving natural world; and belonging and civic muscle.
Research Aims

For disproportionately affected groups, how do SDOH intersect with:

- Urgent mental/behavior health issues
- Feelings about social distancing and other COVID-19 mitigation strategies
- Definitions of resilience
- Mental health information and resource needs
Formative Research: What We Did

- **eScan**: >700 peer-reviewed and grey publications and existing communication campaigns – in both English and Spanish
- **Data Distillation**: >20 data sets analyzed
- **Social Listening**: >1 million social media posts (a total of 129,322 were relevant) – in both English and Spanish
- **Partner Needs Assessments**: >150 partner and influencers assessed; 16 needs assessment calls held
- **Partner Listening Sessions**: 6 partner listening sessions conducted to date; 29 members of audiences participated
- **Online Focus Groups**: 10 online focus groups conducted; 58 members of audiences participated

### AmeriSpeak® May Omnibus Survey

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Analysis Approach

To achieve a full understanding of the results, the project used a responsive approach to qualitative and quantitative data collection and an iterative process of data analysis, which involved blending data across sources and triangulating or integrating findings.
Results
Emotional Well-Being Amidst COVID-19 Through the Lens of SDOH

“I am an essential healthcare worker. We’ve had our hours cut ... I make too much to qualify for partial unemployment so I’m just ... supposed to decide if I wanna eat or pay my other bills this month?

I feel angry and beaten down ... I can’t even make a living wage ... I’m forced to stay because I don’t have a choice .. I had plans to go back to school to be in [a] different field than what I’m in.

I’m miserable. I’m empty. I’ve lost hope for my dreams ... I’m struggling to find my place in this new normal.”

– Reddit user
Economic Stability

→ Employment

→ Food Insecurity

→ Housing Instability

→ Poverty
Employment

- Some of the most urgent emotional well-being issues are due to unknowns about employment, income status, and financial security during the COVID-19 pandemic and in the future.
- Essential workers and health care workers are at risk of both infection and significant mental health issues—both of which can affect their employment.
- The future of employment is also at stake when it comes to returning to work.
- Working from home is challenging; parents are struggling with lack of childcare, which affects employment.
Employment

People experiencing economic distress

- Often employed in low wage, service industry or agriculture jobs
- Disproportionately impacted by COVID-19 disruptions to employment and economic stability
- Have lost jobs or been furloughed (not able to work from home)
- Fearful about contracting the virus, using public transportation, or accessing and using personal protection at work
- Increased fear, anxiety, worry and stress over the balance between keeping jobs to support families and preventing exposure to COVID-19
- May not be eligible for unemployment benefits
Food Insecurity

People experiencing economic distress

- Food insecurity is driven by:
  - Financial instability (individual or family employment and income)
  - Economic instability of communities
  - Reduced access to social services
  - Increased demand for food banks and meal services
- There is shame over the need to ask for help, especially among those who are ‘first-time hungry’
- Stress and worry about food insecurity also prominent among **people experiencing violence**

“If we didn't have [free meals at the elementary school], I probably would have a mental breakdown with stress.”

— Person in Economic Distress
People experiencing economic distress

- People experiencing unstable housing or homelessness have had acute anxiety over not being able to shelter in place safely
- Increase in CDC-INFO calls for housing and rent assistance
- Safe and stable housing is also a concern for people experiencing violence as shelter space is limited due to restrictions
- Priority audiences like LGBTQ youth are reprioritizing/rebudgeting to afford rent or moving back in with their families
- Hispanic or Latino respondents were more likely to report being unable to meet basic housing needs than non-Hispanic respondents
Poverty

People experiencing economic distress

- Over half of the survey respondents in economic distress experienced a high level of distress early in the pandemic
- Half experienced financial hardship due to the pandemic
  - More likely to report significantly worse mental distress
  - More likely to experience grief
  - Seeking help with stimulus checks and unemployment benefits
- Hispanic or Latino respondents were more likely to report needing financial support from family and friends, community organizations, and government sources
Education

→ Early Childhood Education and Development

→ Enrollment in Higher Education

→ High School Graduation

→ Language and Literacy
Early Childhood Education & Development

- The intersection of early childhood education and development as an SDOH and emotional well-being in the face of COVID-19 focused on parents’ concerns for their children

- Specifically, people experiencing economic distress expressed
  - Worry over the uncertainty of schooling and child care, particularly because:
    • Children are bored and depressed from being inside all the time
    • It impacts parents’ ability to work and adds to their stress
  - Worry over lack of structure and stability for kids
  - Worry about the safety of returning to school
Enrollment in Higher Education

People experiencing economic distress

- The intersection of higher education enrollment as an SDOH and emotional well-being in the face of COVID-19 focused on:
  - Stress over the uncertainty of being able to pursue higher education
  - Anxiety about remote learning and maintaining grades
  - Concerns about disruptions to educational progress
Language and Literacy

- The intersection of **language and literacy** as an SDOH and emotional well-being in the face of COVID-19 has primarily focused on the lack of availability of accurate information and emotional well-being resources for priority populations in the language of their choice.

  - Spanish content made up around 10% of content analyzed on Twitter and Facebook, but was largely absent from other platforms.

  - There was no difference in English and Spanish content. Spanish content was often translated versions of English messages issued by the same organizations, typically Hispanic/Latino community organizations or government authorities.

  - Very little of the Spanish content was relevant to mental health specifically, and was typically informational content about quarantine, health, and community resources during COVID-19.
Language and Literacy

People experiencing economic distress

Therefore, audiences need information about and access to culturally-sensitive community resources that meet:

- basic human needs
- mental health needs
- social needs
Social and Community Context

→ Civic Participation
→ Discrimination
→ Incarceration
→ Social Cohesion
Civic Participation

- Survey results showed that respondents were inspired, at varying levels, to...
  - Work across differences
  - Build or nurture relationships with friends, family and neighbors
  - Use their influence as voters

...during the COVID-19 pandemic
Discrimination

- Anxiety and discrimination were associated with:
  - being labeled as a high-risk group, including those experiencing violence and economic distress
  - being more likely than others to become severely ill from COVID-19, including those with pre-existing conditions

Respondents Who Reported Experiencing Stigma or Discrimination from Others during the COVID-19 Pandemic

- Experiencing violence: 14.8%
- Economic distress: 9.3%
- Caregivers of 65+: 5.6%
- Pre-existing conditions: 4.0%
- 65+: 1.4%
Discrimination

- Asian and Pacific Islander respondents were more likely to report experiencing stigma and discrimination and characterize this as based on race and perceived risk.
- Hispanic or Latino respondents reported fears about discrimination based on immigration status and race.
- Nearly half of Black or African American respondents and one-third of Hispanic or Latino respondents were worried about increased discrimination in mid-April 2020.
Social Cohesion

- Audiences rely on social cohesion for emotional well-being during the COVID-19 pandemic
  - Connections with partner organizations and/or support groups
  - Increased use of remote technology for social connections
  - Physically distant in-person meetings
  - Relying on informal support structures
  - Reconnecting with family
  - Receiving support from family, friends, faith leaders and faith community, and community groups

- Audiences consistently reported the inability to spend time in-person with family, friends, and others in their communities as troubling to their emotional well-being

- All audiences reported depression and anxiety related to loneliness and isolation

- 61% of respondents reported needing emotional support from friends, family, and partners

“Well, ... hang on because it all get better. Things do... We swing both ways when we're hanging on to a rope and it eventually would get back to a place where we've got the comfort and the healing that we need.”

— Person 65 or older

Associated VCHW: Belonging and Civic Muscle
Social Cohesion

Resilience can be achieved by:

- Helping others
- Group efforts
- Faith
- Relying on existing strengths, relationships, and values

Associated VCHW: Belonging and Civic Muscle
Health and Health Care

→ Access to Health Care

→ Access to Primary Care

→ Health Literacy
Access to Health Care

45.6% of respondents reported that not being able to access health care would affect their emotional well-being; specific needs by audience are reported as follows:

People 65 and older and their caregivers

- Some older adults fear not being able to access care for family or caregivers
- Caregivers expressed frustration engaging with the health care system and fear of losing their jobs and health insurance

People with pre-existing health conditions

- People with cancer fear not being able to receive life-saving care if medical system is overwhelmed
- Need to continue treatment regimens as much as possible to be resilient
- Struggle with getting medication
- Fearful of losing their jobs and health insurance
Access to Health Care

People experiencing violence
- Decreased access to health care

People experiencing economic distress
- Worried about the safety of accessing health care
- Worried about discrimination based on race and immigration when accessing health care
- Worried about health insurance coverage

Associated VCHW:
Basic Needs for Health and Safety
Access to (Mental) Health Care

- Increased use of teletherapy
- Concerns about quality of teletherapy vs. in-person therapy
- Decreased access to teletherapy due to privacy concerns while isolated with abusers
- Increased requests for connection to mental health resources

Associated VCHW: Basic Needs for Health and Safety

People 65 and older and their caregivers

People with pre-existing health conditions

People experiencing violence

People experiencing economic distress
Health Literacy

Audiences need clear and understandable mental health and emotional well-being resources that support coping during the COVID-19 pandemic.

- Accessible regardless of access to internet or technology
- Clear, actionable information from trusted sources
- Mental health supports and therapy that are free or low-cost so they are accessible to people who need them most
- Resources that are culturally sensitive and in the audiences' language of choice
- Consistent guidance about safety guidelines

Associated VCHW: Basic Needs for Health and Safety
Neighborhood and Built Environment

→ Access to Foods that Support Healthy Eating Patterns
→ Crime and Violence
→ Environmental Conditions
→ Quality of Housing
Access to Foods that Support Healthy Eating Patterns

- Increased focus on healthy eating for people with pre-existing conditions

- People experiencing economic distress

  - People, who may become obese, feel fear and stress about their increasing weight, which is exacerbated by the inability to afford health food

Associated VCHW: Basic Needs for Health and Safety
People Experiencing Intimate Partner Violence

People experiencing physical violence, sexual violence, stalking, and psychological aggression in a relationship

- Increased risk factors for intimate partner violence (IPV) including increased family stressors and isolation; more proximity between perpetrator and survivor
- COVID-19 being used to control IPV survivors (e.g. financial abuse; intentional exposure to COVID-19 or limiting access to PPE)
- Challenges of IPV survivors meeting basic needs (e.g. housing, access to cell phones/technology, transportation)
- Harm reduction and safety planning have required significant adaptation
- Additional mental health, stress, and resilience impacts of COVID-19 on survivors
- Interpersonal and structural racism impacts people of color who may also be IPV survivors during the pandemic
Disruptions Due to COVID-19

- **The COVID-19 Disruptions Wheel** shows the connectedness of emotional well-being and SDOH, particularly the disruptions in SDOH for disproportionately-affected populations amid COVID-19.

- It shows emotional well-being at the center, influenced by SDOH (middle ring) and disruptions to SDOH (outer ring).

- Disruptions in SDOH due to the COVID-19 pandemic can lead to emotional well-being issues.

- Emotional distress amid COVID-19 is worse for people already experiencing disparities linked to SDOH.

- These findings helped to inform the development of the *How Right Now (Qué Hacer Ahora)* campaign.
The Campaign
How Right Now/Qué Hacer Ahora was developed to help address feelings of stress, grief, and loss. The website begins by asking a single question – “How are you feeling today?”

Visit [www.cdc.gov/howrightnow](http://www.cdc.gov/howrightnow) and [www.cdc.gov/quehacerahora](http://www.cdc.gov/quehacerahora) to explore the resources.
The campaign has several different types of content that can address any number of emotions and needs.
Resources for Emergency Management and Affiliated Professionals

There are resources for emergency management and affiliated professionals.

- **HRN Resources:**
  - Conversations Matter Right Now
  - Tips for having a meaningful conversation
  - “Feeling stressed or overwhelmed?” social media post
  - “Take five” social media post

- **CDC:** Coping with Stress During COVID-19

- **CDC:** Managing Workplace Fatigue

- **American Red Cross:** Psychological First Aid: Supporting Yourself and Others During COVID-19 Online Course

- **SAMHSA:** Five Action Steps for Communicating with Someone Who May Be Suicidal

- **National Alliance on Mental Illness:** Coronavirus: Building Mental Health Resilience

- **U.S. Department of Veterans Affairs:** Grief: Helping Someone Else After a Loss
Resources for the Communities Emergency Professionals Serve

And the communities they serve.

- **CDC: Support for People Experiencing Abuse**
- **American Psychological Association: Grief and COVID-19: Saying Goodbye in the Age of Physical Distancing**
- **SAMHSA: Disaster Distress Helpline**
- **National Alliance on Mental Illness: NAMI HelpLine**
- **United Way: 2-1-1**

- **SAMHSA Vibrant Emotional Health:**
  - National Suicide Prevention Lifeline
  - Five Action Steps for Communicating with Someone Who May Be Suicidal
- **American Foundation for Suicide Prevention: Supporting your Mental Health While Navigating Change**
- **The Trevor Project: TrevorLifeline**
- **HRN Emotion 1-pagers:**
  - Stress, Fear, Loneliness, Sadness, & Worry
  - En español: Estrés, Miedo, Soledad, Tristeza, & Preocupación
Conclusions

- The relationship between SDOH and COVID-19-related emotional well-being was complex, bi-directional, iterative, and cumulative
- It also depended on the particular SDOH being explored
- *How Right Now/Qué Hacer Ahora* offers supportive resources for:
  - Emergency professionals themselves, who may be experiencing stress, grief, and/or loss due to their work or because they are a member of one or more of HRN’s priority audiences; and
  - Emergency professionals who serve communities that are disproportionately impacted by the pandemic
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