Understanding the social determinants of community health is frequently discussed these days in public health circles as a means for constructing effective and long-term preventive strategies associated with reduction of acute and chronic disease and injury within a population. Identification of what is often referred to as the “upstream” or root causes of illness as well as population health disparities can be found through careful examination of how income, race and education influence community health patterns, behavior and outcomes. This approach truly embodies the philosophy of prevention that is the foundation of modern public health practice as well as in the discipline of emergency management.

It is well known that health conditions in populations pose special challenges to emergency management planning and response. Some of these are being met with renewed attention to functional needs and behavioral health dimensions of preparedness planning such as pre-assessment of populations including engagement or partnerships with various faith-based, community and social service agencies. However, the current planning paradigm does not sufficiently recognize or account for other unique cultural and social facets of a community that are integral to its successful preparation for and response to a catastrophic incident as well as achieving a high level of resiliency. The result, as we have seen with Katrina, are inefficient and less than robust response and recovery efforts that failed to consider and incorporate the underlying socio-environmental dynamics of a region into a cogent and successful strategic plan.

Consideration of community unemployment, high school graduation and crime rates, along with levels of segregation, social cohesiveness, and economic vitality are all part of the socio-environmental matrix in which contemporary communities operate. Yet seldom is this type of data considered or made part of equation input in current preparedness and response planning. However, it is not a stretch of the imagination to envision that these types of social and economic dynamics strongly impact community recovery as well as resiliency to any catastrophic event. The flaw squarely lies in our continued inability as homeland security and emergency management professionals to reconcile the evolving social fabric of our communities big and small into a flexible and adaptable emergency planning model.

Identifying and studying social determinants of community preparedness and resiliency is an area that requires new attention and focus at all levels of government. Katrina in many ways continues to be a grim reminder of how socio-economic and health disparities around race and income created unanticipated and unprecedented response and recovery challenges that haunt us yet today. Addressing these upstream factors in emergency planning is not only preventive but assures a better-prepared and resilient community and nation. Katrina need not be repeated.

Paul A. Biedrzycki

Director of Disease Control and Environmental Health

City of Milwaukee Health Department