

How Can Public Health Guidelines for Social Connection Best Account for the Complex Social Ecology Facing Key Marginalized Populations?

A Qualitative Focus Group Study

Abstract

Background: Loneliness and social isolation are critical public health issues linked to adverse mental and physical health outcomes. Social connection is essential for well-being, and developing public health guidelines for social connection can help address these challenges. However, effective guidelines must account for the complex social ecology of diverse populations, including marginalized groups that face unique barriers to social connection. Understanding these multi-level influences—individual, interpersonal, community, and societal—is crucial for creating guidelines that are relevant, inclusive, and effective.

Objective: This study aimed to explore the social ecology of social well-being from the perspective of five key populations: (1) 2SLGBTQ+ individuals, (2) racialized individuals, (3) Indigenous people, (4) people living with disabilities, and (5) migrants, immigrants, and refugees. The goal was to identify how public health guidelines for social connection can better account for the complex realities facing these groups.

Methods: A qualitative focus group study was conducted using a semi-structured interview guide. Focus groups were designed to: (1) understand how individuals from key populations implement existing social connection guidelines, (2) identify barriers to adherence unique to their communities, and (3) determine what support they need from their communities to be successful. Participants were recruited from the five key populations, and thematic analysis was used to identify key themes related to the social ecological model of health.

Results: The study identified multiple, interconnected barriers to social connection faced by marginalized populations. At the individual level, identity conflicts, particularly among racialized and 2SLGBTQ+ individuals, were significant. At the interpersonal level, the importance of chosen families and diverse family structures emerged. Community-level barriers included accessibility issues and financial constraints, particularly for individuals with disabilities. Societal-level barriers encompassed systemic discrimination, including ableism, racism, and stigma. These barriers affected participants' ability to form and maintain social connections.

Conclusion: The findings highlight the need for public health guidelines that are sensitive to the diverse needs and complex social ecologies of marginalized populations. By applying the social ecological model, public health strategies can address multiple layers of influence, from individual identity to societal discrimination. Ensuring that guidelines are developed with input from the communities they aim to serve, guided by the principle of "nothing about us without us," is essential for creating effective, inclusive, and sustainable public health interventions.

Introduction

Loneliness and social isolation are increasingly recognized as critical public health issues, with impacts on health outcomes that rival those of poor diet and physical inactivity. Social connection is essential for both mental and physical well-being, and chronic isolation has been linked to higher risks of cardiovascular disease, depression, anxiety, and even premature death. As society becomes more aware of the importance of social health, there is a growing need for public health guidelines that specifically address social connection, much like existing guidelines for nutrition and exercise. However, to develop guidelines that are truly effective, it is crucial to explore and understand the social ecology surrounding these connections. This involves examining the multiple levels of influence—individual, interpersonal, community, and societal—that shape social interactions and determine the success of public health interventions. By integrating an understanding of this social ecology, public health guidelines can be more precisely tailored to meet the needs of diverse populations and foster meaningful connections across different social contexts.

To create public health guidelines that resonate with and serve diverse communities, it is imperative to adopt community-based participatory designs that center the voices of those most affected by social isolation and exclusion. The principle of "nothing about us without us," rooted in the disability rights movement and echoed across various social justice initiatives, underscores the importance of involving marginalized communities in the decision-making processes that directly impact their lives. Understanding the social ecology of these communities—how their social connections are influenced by factors at multiple levels—ensures that public health guidelines are relevant, responsive, and grounded in the lived realities of those they aim to serve. This participatory approach not only fosters trust but also empowers communities, making the guidelines more likely to be accepted, embraced, and effectively implemented.

Different communities face distinct challenges based on their unique social, cultural, and historical contexts. To address these challenges, public health guidelines must be tailored to acknowledge and respond to the diverse social ecologies of various populations. By focusing on the specific needs and barriers faced by key populations—such as 2SLGBTQ+ individuals, racialized communities, Indigenous peoples, people living with disabilities, and migrants, immigrants, and refugees—these guidelines can become more inclusive and effective in promoting social health for everyone. Understanding the common and distinct barriers these groups face is a critical step in crafting public health strategies that truly foster connection and reduce isolation. Below, we summarize the rationale for focusing on these populations, highlighting the social ecological factors that influence their experiences of social connection.

Study Aim

In the present study, we aim to explore the social ecology of social wellbeing from the perspective of five key populations: (1) 2SLGBTQ+ people, (2) racialized people, (3) Indigenous people, (4) people living with disabilities, and (5) Migrants, immigrants and refugees. Below we summarize briefly the rationale for focus on these populations:

- For 2SLGBTQ+ communities, the barriers to social connection often stem from social stigma, discrimination, and exclusion, which create significant challenges in forming and

maintaining relationships. The sense of alienation can be particularly acute in environments dominated by heteronormative values. Within the broader 2SLGBTQ+ community, specific groups face additional challenges. For example, transgender individuals may encounter transphobia and a lack of access to gender-affirming spaces, while queer people of color might navigate the compounded effects of racism and homophobia, leading to a profound sense of marginalization even within their own communities.

- Racialized communities, similarly, grapple with systemic racism and discrimination, which can result in exclusion from social networks, underrepresentation, and limited access to culturally relevant resources. These systemic barriers foster a pervasive sense of disconnection. However, the experiences of different racialized groups vary widely. Black communities, for instance, contend with the ongoing legacy of slavery and racial profiling, while Asian communities have faced rising xenophobia, particularly in the aftermath of global events like the COVID-19 pandemic. These distinct histories and social contexts shape how racialized individuals experience and seek out social connections.
- Indigenous peoples face the compounded challenges of colonization, which have resulted in profound disruptions to language, culture, and community ties. The intergenerational trauma from residential schools and forced assimilation policies has left a lasting impact, often leading to social isolation and disconnection from both cultural heritage and community. Indigenous peoples also navigate a lack of understanding and recognition of their unique cultural practices within mainstream society, which can create barriers to finding spaces where they feel a true sense of belonging. Additionally, those living in remote or rural areas often face geographical isolation, further limiting opportunities for social connection.
- People living with disabilities encounter both physical and attitudinal barriers that impede their full participation in social life. These include inaccessible environments and societal ableism, which can lead to exclusion and isolation. The challenges vary depending on the nature of the disability. For those with invisible disabilities, such as chronic illnesses or mental health conditions, the lack of visible signs can result in misunderstanding or a lack of recognition from others, leading to feelings of invalidation. On the other hand, individuals with visible disabilities may face overt discrimination or pity, which can hinder the development of authentic social relationships.
- Migrants, immigrants, and refugees often experience significant challenges in building social connections due to cultural adjustment, language barriers, and the loss of established social networks. These issues are particularly acute for refugees, who may carry the additional burden of trauma from war, persecution, or displacement, complicating efforts to rebuild their lives and social ties in a new environment. Recent immigrants might face xenophobia and be perceived as outsiders, while long-term migrants might struggle with the challenge of maintaining ties to their home country while trying to integrate into their new society. These experiences can create a profound sense of dislocation and isolation, further emphasizing the need for public health guidelines that address the unique needs of these communities in fostering social connection.

It is important to recognize that while the five key populations discussed—2SLGBTQ+ individuals, racialized communities, Indigenous peoples, people living with disabilities, and migrants, immigrants, and refugees—face significant barriers to social inclusion, they are not the only groups affected by social isolation. Other communities, such as older adults, people living in poverty, and those with mental health conditions, also encounter unique challenges that can hinder their ability to form and maintain social connections. Additionally, it is crucial to

acknowledge that many individuals belong to multiple marginalized groups, experiencing intersectional barriers that compound their experiences of exclusion. For example, a queer, racialized person with a disability may face a complex web of discrimination that intersects across their various identities, making social inclusion even more difficult. Conversely, intersectionality can also offer unique opportunities for solidarity and community-building, as individuals find connection through shared, multifaceted experiences. Addressing these intersectional realities is vital in creating public health guidelines that are truly inclusive and effective in promoting social connection for all.

Methods

The focus groups conducted for this study were designed to explore the unique social experiences, challenges, and strategies related to social connection among key populations, including those who identify as 2SLGBTQ+, racialized, Indigenous, living with a disability, or as a migrant, immigrant, or refugee.

The Semi-Structured Interview Guide was crafted with three primary aims:

1. To understand how individuals from these communities successfully implement existing guidelines for social connection.
2. To identify barriers to guideline adherence unique to their community.
3. To determine what support they need from their communities to be successful.

The sessions began with a land acknowledgment, followed by an overview of the focus group agenda and instructions, and participant introductions. Community guidelines were also established to support a safe environment for discussion. Afterwards, participants were provided with background information on existing social connection guidelines, emphasizing the purpose of raising awareness, providing evidence-based recommendations, and fostering greater investment in social health research. Upon completion of our introduction, the discussions were driven by several guiding questions focused on unique social experiences, barriers to inclusion, and strategies for overcoming these barriers. Participants were also asked to reflect on what they would advise others in their community to improve social health, and what they wish the broader society understood about their experiences. After discussing their specific experiences, participants reviewed and provided feedback on specific guidelines at both the individual and community levels, as developed through our Delphi Study. Key questions focused on the relevance of these guidelines to their identity, potential barriers, and the support needed to adhere to these guidelines.

Results were then analyzed thematically by two coders to identify key themes relevant to the guidelines and to social health of key populations more broadly.

Results

Sample Description

A total of 60 participants were engaged in these discussions, with the demographics presented in Table 1, indicating a diverse representation of ethnicity, age, gender, and other key characteristics relevant to the study's aims.

Table 1. Sample Characteristics (n = 60).

	N (%)
Ethnicity	
Asian	23 (38.3)
Black	12 (20.0)
Indigenous	7 (11.7)
Other	3 (5.0)
White	15 (25.0)
Age	
15-24	17 (28.3)
25-34	15 (25.0)
35-44	8 (13.3)
45-54	7 (11.7)
55+	13 (21.7)
Gender	
Man	19 (31.7)
Non-Binary	5 (8.4)
Woman	36 (60.0)
2SLGBTQ+	
Yes	22 (36.7)
No	38 (63.3)
Person with Disability	
Yes	13 (21.7)
No	47 (78.4)
Migrant to Canada	
Yes	18 (30.0)
No	42 (70.0)

Thematic Results

Through thematic analysis of focus group discussions, several overarching themes emerged, reflecting the complex interplay between identity, family, accessibility, resources, and societal interactions.

The following sections explore the key themes that emerged from our analysis of participant experiences, focusing on how various social and structural factors influence their ability to form and maintain connections. Theme 1 highlights the interplay between cultural identity and social connection, particularly for racialized and queer individuals navigating dual identities. Theme 2 examines how physical and environmental barriers, including the reliance on technology and concerns about personal safety, shape social interactions, especially for disabled and marginalized participants. Theme 3 discusses the critical role of financial and systemic support in enabling social engagement, with particular emphasis on the challenges faced by disabled and racialized communities. Theme 4 highlights into the varied nature of family relationships, from the support offered by chosen families for queer participants to the tensions created by traditional cultural expectations. Theme 5 addresses the impact of systemic discrimination,

including ableism, fatphobia, and racism, on participants' social lives, as well as the cultural adjustments required by immigrants. Finally, Theme 6 explores how physical and mental health challenges, compounded by stigma, significantly limit the ability of participants to engage socially and maintain meaningful relationships. Together, these themes provide a comprehensive understanding of the multifaceted barriers to social connection experienced by diverse groups within the population.

Theme 1: Identity and Sense of Belonging

Across all focus groups, participants emphasized the critical role that a strong sense of identity and belonging plays in shaping their social connections. This sense of belonging was particularly influential in how participants navigated their social worlds, especially for those balancing dual identities. For racialized and queer participants, the tension between cultural heritage and dominant Western norms was a significant and recurring challenge. This tension often manifested as a struggle to maintain cultural connections while simultaneously adapting to a broader societal context that may not always be inclusive or understanding of their unique experiences.

For many, particularly those born in Canada, maintaining a connection to their cultural roots was essential, yet complicated by the realities of living in a multicultural society where their cultural practices might not be the norm. This dissonance was especially pronounced for individuals who had to navigate language barriers and cultural differences that set them apart from both their ethnic communities and the broader Canadian society. One participant from British Columbia illustrated this challenge, explaining that they maintained their cultural connection through visits to cultural hubs like the Chinese chain store T&T and by participating in community center events. These activities provided a means to stay connected with their heritage, despite the pressures to conform to broader cultural norms:

"I think I live in British Columbia [...] the Chinese community is quite strong here. There are 2 ways that I find my cultural connection. First is I'll visit [...] a Chinese chain store called T&T [...] the other thing that I [do to] get connected is I join those events like [at] the community center."

The challenge of feeling disconnected from one's cultural community was further exacerbated for queer participants, who often faced additional layers of exclusion. The lack of representation and the conservative nature of some cultural communities made it difficult for these individuals to fully express themselves. As one racialized queer participant shared,

"I can't be myself around my family. They don't accept who I am, so I have to keep a part of myself hidden."

This statement highlights the complex and often isolating experience of navigating multiple marginalized identities.

The intersectionality of race, disability, and other identities created unique challenges for participants, making it difficult for them to find spaces that were fully inclusive. The experiences of those who identified as both racialized and disabled were particularly telling, as they often felt that their multifaceted identities did not fit neatly into any one community. One participant from the African, Caribbean, and Black (ACB) community noted, "I'm not just one thing. My experiences as a Black disabled person are different from others, and that makes it hard to fit in

anywhere," underscoring the difficulty of finding a sense of belonging when one's identity does not align with mainstream categories.

Indigenous participants offered a historical perspective on these challenges, discussing the lasting impact of colonization on their sense of identity and belonging. Many described feeling disconnected from their cultural roots due to historical forces that removed them from their communities. One participant shared the heartbreak of trying to reconnect with their culture, only to be told that they were not "Indigenous enough." This experience of rejection highlights the profound and enduring effects of colonization on the social and cultural identities of Indigenous peoples:

"I grew up not knowing my language, my culture. When I tried to reconnect, I was told I wasn't 'Indigenous enough.' It's heartbreaking."

This narrative reflects how identity and belonging are complex and multifaceted for many participants, shaped by both individual experiences and broader systemic forces. These findings emphasize the importance of considering the intersectionality of identities in understanding social connection and belonging.

Theme 2: Accessibility and Safety

Accessibility and safety emerged as significant concerns for many participants, particularly those with disabilities, as well as racialized and queer individuals. These factors often dictated the extent and nature of their social connections, influencing not only where and how they could engage with others but also their overall sense of security in social spaces.

For disabled participants, technology was an essential tool for maintaining social connections, especially when physical accessibility posed a barrier. The ability to connect with others online provided a critical lifeline for those who faced challenges in leaving their homes due to mobility issues or other health concerns. One participant emphasized the importance of technology in their daily life, stating,

"Without social media, I'd be completely isolated. It's my lifeline to the world, especially on days when I can't leave the house."

This reliance on digital platforms underscores the crucial role that technology plays in enabling social interaction for individuals who might otherwise be excluded from in-person gatherings.

Safety concerns were particularly prominent among immunocompromised participants and those with visible or invisible disabilities. The ongoing threat of COVID-19, coupled with the need to conserve energy, often limited their social interactions. The constant vigilance required to protect oneself from potential health risks added an additional layer of stress to everyday activities. As one participant explained,

"I'm always on guard when I'm out in public. It's exhausting, but it's necessary to stay safe."

This statement highlights the exhausting reality of navigating public spaces while managing the dual pressures of health and safety, which can significantly impact one's willingness and ability to engage in social activities.

In addition to safety concerns, the inaccessibility of public transportation and infrastructure presented major barriers to social connection for participants with physical disabilities. The effort required to attend social events could be overwhelming, often diminishing the enjoyment of the activity itself. One participant expressed their frustration with these barriers, noting,

“Getting to a social event is half the battle. By the time I get there, I’m too tired to enjoy it.”

This quote encapsulates the physical and emotional toll that inaccessibility takes on individuals, making it clear that the challenges extend beyond mere logistics to affect the overall quality of their social experiences.

These narratives illustrate the complex interplay between accessibility, safety, and social connection. For many participants, the ability to engage socially is contingent upon navigating these challenges, which can significantly shape their social lives and overall well-being.

Theme 3: Resources

The availability and accessibility of resources played a crucial role in determining participants’ ability to maintain social connections. This theme was particularly significant for disabled and racialized participants, who frequently encountered financial constraints and systemic barriers that hindered their social engagement.

Financial limitations were a pervasive challenge, especially for disabled participants who often found themselves caught in what they described as the “disability-poverty” continuum. The struggle to meet basic needs, such as paying rent or affording medication, left little room for social activities, which were often viewed as a luxury rather than a necessity. One participant poignantly captured this struggle, stating,

“It’s hard to think about socializing when you’re worried about paying rent or affording your medication.”

This quote highlights the harsh reality that for many, the financial burden of living with a disability significantly impacts their ability to participate in social life, underscoring the intersection between economic insecurity and social isolation.

Beyond personal finances, participants across all groups underscored the importance of greater investment in culturally relevant programming and accessible public spaces. These resources were seen as essential for fostering social connections, particularly within marginalized communities. Indigenous participants, in particular, pointed to the chronic underfunding of community programs, which often limited their ability to sustain meaningful social interactions. One participant remarked,

“We need more spaces where we can connect without worrying about cost or accessibility.”

This statement reflects a broader call for systemic change, where the creation and maintenance of inclusive, accessible spaces are prioritized to support the social well-being of all community members.

These narratives underscore the critical need for both individual and systemic resources to support social connection. Without adequate financial support and investment in accessible

infrastructure, many participants face significant barriers to engaging in social life, which in turn impacts their overall well-being and sense of community.

Theme 4: Interactions with Family

Family emerged as a central theme across all groups, though the nature of these relationships varied significantly depending on cultural context, identity, and individual experiences. For many participants, family connections were either a source of deep support or significant tension, shaping their social interactions in profound ways.

For queer participants, biological families were not always accepting of their identities, leading many to create "chosen families" comprised of friends and supportive peers. These chosen families became essential for their social connection, offering the acceptance and understanding that might be lacking in their biological families. One participant shared the reality of this experience, noting,

"My family doesn't know I'm queer, and they wouldn't accept it if they did. My friends are my real family; they're the ones who support me."

This quote illustrates the importance of chosen families in providing a sense of belonging and emotional support for those who feel alienated from their biological relatives.

In contrast, for many racialized participants, particularly immigrants, extended family networks played a crucial role in maintaining social connections. These relationships were often rooted in cultural traditions and shared experiences, providing a sense of continuity and community, especially in a new country. **Reflecting how** for many immigrants, family gatherings serve as a vital link to their cultural identity and a means of preserving their **heritage in a new environment**, one participant emphasized the importance of these gatherings, stating,

"We gather often, share meals, and celebrate together. It's how we stay connected, especially in a new country."

Cultural expectations within family structures also influenced social dynamics, particularly among Asian participants. Traditional expectations and hierarchical family structures often created tension, especially when these expectations conflicted with personal desires or identities. One participant described the pressure to conform, saying,

"There's a lot of pressure to conform to family expectations, and it can be suffocating at times."

This statement highlights the internal conflict that arises when individual aspirations clash with familial and cultural norms, leading to feelings of suffocation and stress.

Indigenous participants offered a different perspective, discussing the trauma of forced adoption and separation from biological families, which often resulted in strained or non-existent family relationships. The impact of these historical injustices continues to affect their sense of belonging and identity within their families. One participant who was adopted shared their struggle to reconnect with their birth family:

"I've tried to reconnect with my birth family, but they don't see me as one of them. It's like I don't belong anywhere."

This reflection underscores the lasting effects of colonial practices on family bonds and the ongoing challenges Indigenous individuals face in reclaiming their identity and place within their families.

Theme 5: Interactions with Broader Social Worlds

Participants' interactions with broader society were deeply influenced by systemic discrimination and social stigma, which often hindered their ability to form and maintain social connections. These external pressures shaped not only how participants engaged with others but also their overall sense of belonging within the larger community.

For disabled participants, experiences of ableism and fatphobia were significant barriers to social connection, contributing to feelings of social anxiety and isolation. These participants often encountered prejudiced assumptions about their abilities based on their physical appearance, which made it difficult to engage meaningfully with others. One participant poignantly noted,

“People make assumptions about my abilities based on my weight. It’s dehumanizing and makes it hard to connect with others.”

This reflection highlights the pervasive nature of ableism and fatphobia, where societal judgments based on physical characteristics can severely limit one’s social opportunities and lead to a sense of dehumanization.

Racialized participants, particularly those from the African, Caribbean, and Black (ACB) community, also faced significant challenges in their social interactions due to the pervasive impact of racism. Racism acted as a constant barrier, influencing how they were perceived and treated by others, which in turn affected their willingness to form new connections. One participant expressed the ongoing impact of these experiences, stating,

“Racism is a constant barrier. It makes you wary of forming new connections because you never know how people will treat you.”

This quote underscores the persistent fear and mistrust that racism fosters, creating an environment where social interactions are fraught with uncertainty and potential harm.

Immigrant participants, especially those from non-Western cultures, often experienced culture shock and isolation upon arriving in Canada. The cultural differences between their home countries and Canada, particularly the emphasis on individualism and the need to schedule social interactions in advance, were stark contrasts to the more communal and spontaneous social practices they were accustomed to. One participant described the difficulty of adjusting to these new social norms, saying,

“Back home, we just show up at each other’s houses. Here, you have to plan everything, and it feels so lonely.”

This reflection captures the profound sense of isolation that can result from cultural displacement, where the loss of familiar social customs can lead to a deep sense of loneliness and disconnection.

These narratives illustrate the complex and often painful realities of interacting with broader social worlds shaped by discrimination, stigma, and cultural differences. For many participants, these external challenges significantly impacted their ability to form meaningful connections, highlighting the need for greater inclusivity and understanding within the broader society.

Theme 6: Health and Social Connection

Health challenges, both physical and mental, emerged as significant barriers to social connection, particularly for disabled and Indigenous participants. These challenges not only affected participants' ability to engage in social activities but also shaped their overall experiences of community and belonging.

For many racialized participants, especially Indigenous individuals, the stigma surrounding mental health was a critical obstacle to seeking support and building connections with others. In some communities, discussing mental health issues remained taboo, making it difficult for individuals to reach out when they were struggling. This stigma often led to feelings of isolation, as those affected were reluctant to share their experiences or seek help. One participant captured this reality by saying,

“In my community, talking about mental health is taboo. It’s hard to reach out when you’re struggling.”

This statement reflects the deep-rooted cultural barriers that prevent open dialogue about mental health, which in turn exacerbates the sense of isolation for those who are suffering.

In addition to mental health challenges, many disabled participants faced chronic illnesses and comorbidities that further limited their ability to engage socially. The energy required to manage their health often left little room for socializing, which became a luxury rather than a regular part of life. As one participant explained,

“Most of my energy goes towards managing my health. Socializing is a luxury I can’t always afford.”

This quote highlights the practical realities faced by those with chronic health conditions, where the demands of daily health management take precedence over social interactions, leading to reduced opportunities for connection and companionship.

These experiences underscore the profound impact that health challenges can have on social connections. For many participants, the interplay between physical and mental health created significant barriers to maintaining relationships and participating in community life, emphasizing the need for supportive environments that consider these complex realities.

Discussion

The findings from this study highlight the complex, multi-layered barriers to social connection faced by key populations, offering crucial insights for the development of public health guidelines that aim to reduce loneliness and social isolation. Using the social ecological model as a framework, we can better understand how individual, interpersonal, community, and

societal factors interact to shape social health outcomes for marginalized groups. Below we discuss the key themes in relation to the social-ecological model of health:

At the individual level, personal identity plays a significant role in shaping one's ability to form and maintain social connections. Participants, particularly those from racialized and 2SLGBTQ+ communities, often experienced tension between their cultural heritage and the norms of the broader society. This internal conflict can lead to feelings of isolation and disconnection, as individuals struggle to reconcile dual identities. Public health guidelines must be sensitive to these identity-related challenges, providing support that acknowledges and affirms diverse identities. Tailored interventions that promote self-acceptance and empower individuals to navigate these complex identities are essential for fostering social connection at this level.

Moving to the interpersonal level, the nature of family dynamics emerged as a critical determinant of social connection. For many queer individuals, chosen families—composed of friends and supportive peers—were essential in providing the social support that might be lacking from biological families. In contrast, for immigrants, extended family networks were often vital for maintaining social ties, particularly in a new cultural context. Public health strategies should recognize the diversity of family structures and ensure that support systems beyond traditional family models are integrated into efforts to enhance social health. Strengthening these interpersonal connections is crucial for reducing isolation and fostering a sense of belonging.

At the community level, accessibility and availability of resources significantly impact social engagement. Participants with disabilities, for instance, emphasized the importance of accessible environments and the role of technology in facilitating connections when physical participation is not feasible. Additionally, financial barriers frequently limited individuals' ability to engage in social activities. Public health initiatives must advocate for the creation of inclusive public spaces and the provision of resources that reduce financial barriers, making social participation more accessible to all. Investment in community infrastructure that supports social interaction, such as accessible transportation and community centers, is vital for enhancing social connection at this level.

Finally, at the societal level, systemic discrimination and health-related challenges create pervasive barriers to social inclusion. Participants reported experiencing ableism, racism, fatphobia, and mental health stigma, which significantly hindered their ability to form and maintain relationships. These forms of discrimination not only affect individual self-esteem and mental health but also create hostile social environments that discourage engagement. Public health guidelines must include broader societal efforts to combat discrimination and promote inclusive, supportive environments where all individuals can thrive. This includes public education campaigns, policy advocacy, and the promotion of anti-discrimination laws that protect marginalized groups.

In summary, this study underscores the need for public health guidelines that are comprehensive and responsive to the diverse needs of marginalized populations. By applying the social ecological model, we can develop strategies that address the multiple layers of influence on social health, from individual identity to societal structures. Ensuring that these guidelines are informed by the lived experiences of the communities they serve, and guided by the principle of "nothing about us without us," is essential for creating effective, inclusive, and sustainable public health interventions.