

Social Determinants of Health: Addressing Non-Medical Factors

Obwendo N. J.

Faculty of Medicine Kampala International University Uganda

ABSTRACT

Social determinants of health (SDOH) encompass non-medical factors such as education, socioeconomic status, physical environment, and social support systems, which significantly impact health outcomes. This paper examines the critical role of SDOH in shaping individual and population health, emphasizing their contribution to health inequities. By examining key determinants, including housing, employment, and cultural influences, the study highlights disparities linked to these factors and the interventions that mitigate them. Case studies illustrate successful community-based initiatives and evidence-based practices addressing SDOH. The findings underscore the need for integrated, systemic approaches combining policy reforms, educational programs, and collaborative strategies to promote equitable health outcomes. Future directions advocate for continued research and evaluation of innovative frameworks to sustainably address health disparities across diverse populations.

Keywords: social determinants of health, health equity, non-medical factors, population health, socioeconomic status.

INTRODUCTION

Social determinants of health are those non-medical factors that can have a direct or indirect influence in determining health outcomes, either physical or mental. A few of the most significant determinants are inclusive of social status, social support, genetics, education, employment and working conditions, physical environment, place, personal health practices, coping skills, healthy child development, health services, gender, culture, and social support networks. The relevance of the study of these major SDOHs remains rooted in the plethora of ways that social, economic, and environmental conditions can either make it easier or more difficult for individuals and communities to be or remain healthy. The purpose of this paper is, first, to engender an understanding of the importance of non-medical determinants of health. Second, it is to identify how certain social conditions have led to health inequities. Finally, it is to present what has been identified as potential interventions to mediate these inequities to improve the health of vulnerable communities [1, 2]. One of the most relevant findings was the fact that the allocation of health outcomes utilizing such terms as genetics and community and physical and social environment was estimated to be greater than 50% of what influences an individual's health. Therefore, medical care services acted as the foreground, which would only impact 10% of an individual's overall health. Comparing this to the 40% determined if all social determinants of health are present is a significant finding, which places the medical care aspect as only affecting approximately 10% of the cause of how an individual can be healthy. As previously mentioned, access to medications, counseling, etc. is just one contributor and access to such case management services or support services a mental health agency can provide can help individuals recover from an illness; it by far does not outweigh all the other social, fiscal, and disease processes that are caused due to social constructs such as unemployment, housing, counseling, support, and food access [3, 4].

Key Non-Medical Factors Impacting Health

The leading causes of illness, suffering, and deaths in the U.S. are the non-medical factors that shape health outcomes. These include such factors as educational level, socioeconomic status, physical environment, and social support networks. Each plays a part in shaping chronic health conditions and affecting how long individuals will live. How do these factors impact health, and what are health professionals doing to address these issues? [5, 6]. An individual's socioeconomic status can be an indicator of whether they have sufficient income to buy necessities such as groceries and how well they can access needed care. Education also plays a significant role in health status, as individuals with higher education levels live longer and have fewer health problems. People with more education are also more likely to access healthcare services and have better access to items such as safe housing and jobs that pay living wages. The physical environment can also have a major effect on health status. Exposure to toxins, dangerous neighborhoods, and natural disasters can shape physical and mental health. Communities, where people feel unsafe, are shown to have obesity levels higher than communities with low crime rates, as living in an unsafe area can increase stress and anxiety. Transportation, access to parks or stores that sell fresh fruits and vegetables, and the nutritional value of school lunches are all factors that shape health status. Most importantly in the community arena, social-supportive relationships are crucial to health. People with strong social-supportive relationships are less likely to develop heart disease, depression, or other chronic conditions [7, 8]. Cultural and community factors can also play a role in shaping health. Workplaces, religious centers, and community groups all have unique cultures that shape their members' health behaviors and perceptions. An individual's job, social environment, and family situation can also shape lifestyle choices and affect their health. The social determinants interact in manifold ways to make some health risks much worse and other risks much better than average. Interventions to ensure a healthy community must be multifaceted. Solutions must also be tailored to their local community and individual needs. Aspects like the percentage of the population that is too poor to afford health coverage, where people live or work, and the resources that are in place in their community can all affect their health standing. To understand the effects of social determinants on health, it is essential to take into account the many different aspects that shape individual lives. Whether it is housing, food, or the lack of or too much access to healthcare, any one of these can contribute to various health disparities. Public health professionals must clarify the factors that contribute to this diversity of health within our population. They must also support interventions that address each factor. The cultural community factors discussed above are only part of them [9, 10].

Strategies and Interventions to Address Social Determinants of Health

Interventions to address social determinants of health can be categorized as policy changes, community-based programs, and educational initiatives. Interventions to target social determinants of health are likely to be more effective when working across an ecological system and working in partnership is a key recommendation when trying to address the broader influences on health. For this reason, the following suggestions offer strategies, recommendations, and best practices for multiple stakeholder groups, including worksite wellness programs, policymakers, hospitals and health systems, health plans, federal and state government, and community organizations [11, 12]. Interventions that support the development of healthier populations can be based primarily on prevention and health promotion. Community-based programs are often focused on prevention, and a variety of social determinants can be addressed to improve health outcomes for participants. Educational initiatives can provide significant benefits if they are well executed and ongoing. A successful worksite wellness program incorporated an understanding that the social determinants of health are widespread, and many employees had similar factors that affected their health. This means an N-of-1 model, targeting social determinants based on individual employees, would be expensive and time-consuming. Instead, the program created a "big picture" intervention by focusing on building healthy food access, creating an active transportation culture, reducing healthcare costs, and creating an output of healthy employees, which keeps the organization competitive. Data across different areas can often be difficult to measure. To measure the success of the program, its participants were surveyed at 90, 180, and 365 days, not only about their personal habits but also about the health habits of those living with them. The program aims to address the policies that are in the way of people being able to live a healthy life. Measure/evaluation methods include the participant self-report survey, the comparison of those survey results to campus-wide data of like surveys, and health center data showing weight lost and memberships increased [2, 13]. Successful interventions to address population health will require an ecological approach and should rise to the level

of a public health system intervention. It is not sufficient to focus on one determinant of health when a multitude exist and interact with one another to produce health disparities. The effectiveness of an intervention must often be judged over a range of related outcomes, not simply a reduction in one risk behavior or a set of symptoms of a disease. The intervention should also take into account cultural awareness and specificity to assure a diverse culture in the planning and implementation phases of the programming. Programs and interventions that aim to ameliorate social determinants of health do have the power to positively impact health outcomes. Focusing on social determinants of health is effective in reducing risky behaviors, even when not a primary outcome, by changing the culture. In particular, the upsurge in obesity rates can be partially explained by increases in food consumption. Food marketing, policy, and economic and environmental factors and determinants all play a role in societal or population shifts in attitudes, new habits, and practiced behaviors. Programs that focus on food access and availability have been effective in reducing obesity trends. Groceries and restaurants in communities with evidence-based policy have shown a small reduction in BMI in participants [14, 15].

Case Studies and Best Practices

The following case studies offer examples of successful interventions targeting social determinants of health. It is important to note that successful interventions and best practices may occur in a variety of contexts. Approaches must be tailored to a given community's needs, resources, and community-level factors. The case studies are not a comprehensive assessment of all promising non-medical interventions. Any promising intervention should be developed based on evidence of effectiveness. In addition, the narrative provides best practices regarding the importance of community engagement, collaboration, and the use of evidence-based practices in addressing non-medical determinants of health. Furthermore, employing an adaptive management approach may improve programmatic activities, which should be evaluated and adapted based on feedback over time [16, 17].

Case Study 1

The Springfield, Illinois-based Memorial Medical Center's Violence Prevention and Intervention Program was developed to build community capacity to address underlying factors of crime, including violence, and to help improve community health and safety. The program uses a hospital-based, four-pronged approach consisting of victim services, service coordination, community outreach, and prevention campaigning. The program is one example of the growing number of hospital-based violence and injury prevention programs that focus on breaking the cycle of violence: treating injuries and victims, stopping the cycle, and working to prevent future injuries by tackling community needs. The programs are also based on the premise that violence is a public health issue that needs a community-wide public health approach to address interfering factors and data collection that are employed to address violence as a primary prevention issue [18, 19].

Best Practices

The development or implementation of public health strategies aimed at addressing violence needs to involve, integrate, or intersect with, not trespass on, the work of diverse internal and external community stakeholders. The work should be based on input gained from a credible voice in the community and/or by applying qualitative or quantitative research or evidence-based interventions [20, 21].

Case Study 2

The Dream Your Dreams initiative of Porter County, Indiana, offers a mixed approach in which families are expected to both engage in homework and work in partnership with a case manager to help improve their mental and emotional well-being. Case managers provide a comprehensive approach to promote the health and well-being of families living in extreme poverty with children who enroll in kindergarten [22, 23].

Best Practices

The creation or establishment of new initiatives or strategies to help address the health and wellness of children should be based on best practice models and community or demographic-level data. Ongoing evaluation also needs to take place. Ongoing evaluation - The strategies and components of the anti-poverty and wellness initiative can readily be evaluated at any time by reviewing written processes, outcome information, or the use of surveys. Ongoing evaluation and feedback can help improve specific strategies or the program. In particular, qualitative or quantitative data collected from the children and families of the program can help determine what areas are helping them most (or least) and why, and provide a youth and family voice and presence within the data gathering, evaluation, and monitoring [24, 25].

Future Directions

The purpose of this paper has been to illustrate the importance of non-medical social determinants housing, health care, employment, income, and education—in determining not just individual but population health. Research and policy have been, and continue to be, disproportionately allocated to the medical system and factors related to behavior, genetics, and biology. The consequences social, economic, and spatially determined health disparities—when not ignored, are underinvested or underemphasized. Social determinants of health are intimately related to the principles of social justice and can create or ameliorate health inequities, should intentional policy improvements be made to system and policy evaluations, as well as place-based interventions. It is at the intersection of systems-based, place-focused strategies that hospitals, health equity advocacy groups, and scholars can work collaboratively to address the social determinants of health. Future research should follow suit [26, 27]. Our conclusion supports further exploration of the ABCs of promoting health policy and addressing the social determinants of health in the upstream determinants. The evidence suggests an integrative approach is needed as it is unlikely that one single issue is responsible for the negative health outcomes where the ABCs of non-medical social determinants of health are concerned, and strategies that are potentially successful will do well to be framed by, and within, the care offered within a social determinant of health framework. Finally, the conclusion is that the target population for these approaches should be inclusive of all populations and not exclusively the disenfranchised of those who subscribe to hospital care as the primary locus of treatment. The longitudinal evaluation of innovations in care will be needed to ensure that they hold as social determinants are addressed with respect to interventions noted [28, 29].

CONCLUSION

Addressing social determinants of health is paramount for reducing health disparities and fostering health equity. The evidence underscores that non-medical factors—ranging from socioeconomic conditions to environmental influences—play a greater role in shaping health outcomes than medical care alone. Strategies to mitigate health disparities must adopt an integrative approach, combining systemic policy reforms, community-driven programs, and culturally tailored interventions. Case studies reveal that leveraging community partnerships and evidence-based practices leads to meaningful progress in addressing social inequities. Future research should prioritize longitudinal evaluations of these interventions to ensure their efficacy and adaptability across populations. Ultimately, a collaborative, equity-focused framework is essential for sustainable improvements in population health and well-being.

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