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# The Impact of Social Determinants on Health Outcomes

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## ABSTRACT

This study examines how the social determinants of health (SDOH) significantly affect health outcomes, with a focus on the inequities they cause. The environmental, social, and economic contexts in which people live and work are all included in SDOH. These variables, which affect variations in health outcomes, include community settings, healthcare access, education, and socioeconomic position. This study looks at the direct effects of neighbourhood factors, education, employment, and poverty on health disparities, including both mental and physical health. It also emphasises the significance of legislative actions taken to lessen these disparities. The results highlight how critical it is to address SDOH to advance health equity and enhance general public health.

**Keywords** Social determinants of health, health disparities, socioeconomic status, health equity, public health

## INTRODUCTION

In the study of public health, social determinants of health (SDOH) refer to the conditions in which individuals live, work, and age. These conditions are shaped by wider determinants, such as culture and politics, and impact factors such as lifestyle, biology, and healthcare access. When terms like 'social determinants' are used, it is often to highlight both the inequitable distribution of resources between groups and the way social disparities shape individual health outcomes. Key among these disparities is the relationship between sociodemographic deficiencies like developmental exposure and living conditions and long-term health. For example, socioeconomic status (SES) is one of the greatest contributors to health, affecting one's ability to purchase healthy food, escape potentially dangerous neighborhoods, and avoid on-the-job risks. Education has similarly strong linkages with health, seeing its impacts at a national, community, and individual level. Furthermore, health outcomes are also tied to physical and social environments, recognizing a growing predisposition to research the environment as an independent contributor to disease and high-risk lifestyles [1, 2]. Establishing the relationship between social context and health is a critical component of public health research, especially considering the association between such determinants, epigenetic changes, and socioeconomic mobility. Furthermore, in order to more deeply understand how these social determinants influence health at various levels, the following essay will offer a comprehensive analysis of some specific social determinants of health and their implications individually, including poverty, education, and occupation as well as neighborhood and broader social and economic context [3, 4].

### KEY SOCIAL DETERMINANTS AFFECTING HEALTH OUTCOMES

The existence of social determinants of health has been widely established. Some of the key social determinants that influence health outcomes include economic stability, such as employment and income; education access and quality, which can yield higher income and connection to social networks that promote better health; availability and affordability of medical care, such as locations with significant disparities in access to care; neighborhood and built environment, including factors such as initial investment in infrastructure that may create isolated, underserved areas; social and community context, such as poverty; and exposure to crime. For example, home foreclosures are more strongly associated with high child maltreatment rates in the presence of high rates of male unemployment, while in neighborhoods with about 8% male unemployment, the association between foreclosure and child

maltreatment disappears [1, 5]. Mental health has also been widely assessed in multivariate analyses of the relationship between social determinants, such as food insecurity and the adolescent experience of maltreatment and poor mental health, which was stronger for girls. Furthermore, a primary predictor of youth obesity has been found to be food insecurity. Thus, accounting for variation in food insecurity alone as a social determinant of health could go a long way in such areas towards reducing disparities in obesity. While research shows that all of the social determinants of health are interrelated systems, the simultaneous operation of two or more social determinants seems to be crucial in relation to the legal and mental health status of families. Interactions between various social determinants are also demonstrated in local areas near the U.S.-Mexico border, for instance, in which the micro-environment at the local level affects health outcomes such as health behavior at the individual level, thus leading to diseases like obesity [6, 7].

#### **HEALTH DISPARITIES AND INEQUITIES RESULTING FROM SOCIAL DETERMINANTS**

A plethora of inequities in health status exists based on where people live, work, learn, and play. These inequities—referred to as health disparities and health inequities—are often caused by a number of social determinants such as income, environment, and education. Health disparities are the differences among populations in the presence of disease, health outcomes, and access to health care. Addressing social determinants is important because they can have a major, long-term impact on upholding health outcomes and ensuring health equity. Research has discovered countless examples of health inequities that are instigated, advanced, or mitigated by social determinants. For example, race is related to men's and women's premature mortality, low birth weight, food insecurity, and maternal mortality. The intersection of being female and a member of certain marginalized racial groups contributes to increased morbidity, mortality, and negative health outcomes across multiple health conditions. Social determinants also impact mental health, and individuals who are poor have a higher likelihood of living in high-poverty neighborhoods, both of which are significantly predictive of psychopathology and comorbid mental health disorders. These relationships consistently result in unjust and avoidable differences in health problems and conditions and unnecessary negative consequences for a fair and cohesive society. Known as health disparities, these differences are avoidable, out of sync, and systematic to the community as a whole [8, 9]. Ethically, the connection between social determinants and inequities demonstrates the importance of health equity and social justice, which are both means to prevent impeding health disparities and improve the health of the larger population. Health disparities are preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged populations. This definition emphasizes that health disparities must be preventable, and that they may be the result of differences in multiple locales, including differences in availability and quality of health care, individual risk surrounding behaviors, environmental factors, and personal risk factors. Social determinants can influence many, if not all, of these domains of health disparity. Additionally, the improvement of health disparities is important and outlines the public health goal of the U.S. Department of Health and Human Services as the reduction of current disparities in health. Reducing these health disparities should lead to effectiveness in the nation's health, improving healthcare outcomes for the population as a whole [10, 11].

#### **STRATEGIES AND INTERVENTIONS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH**

A number of strategies and interventions focus on addressing social determinants of health. Some of these strategies consist of programs that are rooted in the community, with the communities involved in the development, lengthy planning, implementation, and sustainability efforts. Other strategies focus on addressing the systemic nature of issues such as bias and discrimination through a lens of policy or education. Ultimately, communities, organizations, and professionals should look for interventions that aim to address many of the determinants at the same time for the best outcomes and impact. There are many interventions and programs across the country that are working to address different social determinants of health with a variety of strategies [12, 13]. One example of a successful intervention addressing one of the social determinants of health was the Building Collaborative Communities Program in the Southwest. A local nonprofit in New Mexico is using a social enterprise model to provide healthy and affordable food in a rural, extremely low-income part of the state with few options for expression. This project takes a comprehensive look at the community involved, the program design, and the evaluation strategy, plus some key outcomes from the intervention itself. Another project looks at an initiative designed to address multiple health disparities in the area, with the focus being solutions that address social determinants. One of the key case studies from this initiative looks at a public service announcement that brings together family, faith, and food. With families eating together less frequently

and spending less than 30 minutes on average preparing dinner, the announcement discusses ways to spend time and develop family traditions around space as a part of living a healthy lifestyle. A report on the entire project and additional case studies is expected to be released in the future [14, 15].

### **POLICY IMPLICATIONS AND FUTURE DIRECTIONS**

Given the impact of social determinants on health inequities and health disparities, it becomes important to consider the relevant policy implications. Numerous health policies exist at a jurisdictional and policy level seeking to improve the health of the population by mitigating against social determinants of health. They reflect the different levels of prevention as well as the different target groups and different policy areas. Some are universal across the population, while others are about targeting individuals or groups that may have particularly high risk. There is a melting pot of health policies: Healthy Lives, Hinerger, tobacco control, suicide prevention, oral health, healthy eating, safer communities, and healthier homes, and many programs bring them together. One example that combines two is the Health Action Zone. Run by the Department of Health, it covers an area with two of the most socially deprived wards in the country. One of the key objectives for these areas is to reduce health inequalities, and the HAZ offers new ideas and projects like Sure Start in the two wards to help secure this [16, 17]. Policy recommendations Progress in achieving a society with reduced health disparities will be influenced by the following: 1. The level government places on legislation and law as having a major influence on reducing social inequities. 2. The level of knowledge of society into how social determinants relate to health and well-being. 3. Ultimate targets, identified after greater research, which need to be achieved in order to reduce the social gradient in health. Given these factors, future research needs to focus on: a clear debate, preferably undertaken through the media of a post-research study, to examine the links between social determinants of health and health outcomes. Further research studies to develop robust data on potential metrics that could be put in place for the social determinants of health. These should preferably include longitudinal studies. The development of strategies that can be used on a wider stage, such as at the European level, to advance mitigation and reduction of social determinants of health. It is only after further research that these can be considered further; for the moment, it is important to work on developing capacity among researchers in this area. Patients and the wider public changing their views on the relationship between health and its determinants so that there is greater demand for change. This will eventually be considered of great importance in demanding societal change [18, 19].

### **CONCLUSION**

Addressing social determinants of health is critical in reducing health disparities and improving population health. Socioeconomic status, education, occupation, and community environments play pivotal roles in shaping health outcomes. Inequities arising from these social determinants lead to avoidable differences in health status across populations. Effective interventions must focus on comprehensive, multi-sectoral strategies that target these determinants, ensuring equitable access to resources and healthcare. Policy reforms and community-based initiatives are essential in tackling these disparities. Future research should focus on developing evidence-based metrics to better understand and address SDOH, promoting health equity across diverse populations.

### **REFERENCES**

1. Hill-Briggs F, Adler NE, Berkowitz SA, Chin MH, Gary-Webb TL, Navas-Acien A, Thornton PL, Haire-Joshu D. Social determinants of health and diabetes: a scientific review. *Diabetes care*. 2021 Jan;44(1):258. [nih.gov](https://pubmed.ncbi.nlm.nih.gov/)
2. Hooten NN, Pacheco NL, Smith JT, Evans MK. The accelerated aging phenotype: the role of race and social determinants of health on aging. *Ageing Research Reviews*. 2022 Jan 1;73:101536.
3. Das KV, Jones-Harrell C, Fan Y, Ramaswami A, Orlove B, Botchwey N. Understanding subjective well-being: perspectives from psychology and public health. *Public Health Reviews*. 2020 Dec;41:1-32. [springer.com](https://www.springer.com/)
4. Smith A, Laribi O. Environmental justice in the American public health context: trends in the scientific literature at the intersection between health, environment, and social status. *Journal of Racial and Ethnic Health Disparities*. 2022 Feb;9(1):247-56.
5. Singu S, Acharya A, Challagundla K, Byrareddy SN. Impact of social determinants of health on the emerging COVID-19 pandemic in the United States. *Frontiers in public health*. 2020 Jul 21;8:406. [frontiersin.org](https://www.frontiersin.org/)
6. Tester JM, Xiao L, Tinajero-Deck L, Juarez L, Rosas LG. Food insecurity influences weight trajectory in children with obesity. *Childhood Obesity*. 2022 Oct 1;18(7):437-44. [nih.gov](https://pubmed.ncbi.nlm.nih.gov/)

7. Fleming MA, Kane WJ, Meneveau MO, Ballantyne CC, Levin DE. Food insecurity and obesity in US adolescents: a population-based analysis. *Childhood Obesity*. 2021 Mar 1;17(2):110-5. [nih.gov](https://doi.org/10.1007/s12162-021-00811-1)
8. Ames BN, Grant WB, Willett WC. Does the high prevalence of vitamin D deficiency in African Americans contribute to health disparities?. *Nutrients*. 2021 Feb;13(2):499.
9. Miller CE, Vasani RS. The southern rural health and mortality penalty: a review of regional health inequities in the United States. *Social Science & Medicine*. 2021 Jan 1;268:113443.
10. Fang R, Yu YF, Li EJ, Lv NX, Liu ZC, Zhou HG, Song XD. Global, regional, national burden and gender disparity of cataract: findings from the global burden of disease study 2019. *BMC Public Health*. 2022 Nov 12;22(1):2068. [springer.com](https://doi.org/10.1186/s12916-022-02068-1)
11. Achoki T, Sartorius B, Watkins D, Glenn SD, Kengne AP, Oni T, Wiysonge CS, Walker A, Adetokunboh OO, Babalola TK, Bolarinwa OA. Health trends, inequalities and opportunities in South Africa's provinces, 1990–2019: findings from the Global Burden of Disease 2019 Study. *J Epidemiol Community Health*. 2022 May 1;76(5):471-81. [bmj.com](https://doi.org/10.1136/jech-2021-216111)
12. Kolak M, Bhatt J, Park YH, Padrón NA, Molefe A. Quantification of neighborhood-level social determinants of health in the continental United States. *JAMA network open*. 2020 Jan 3;3(1):e1919928-. [jamanetwork.com](https://doi.org/10.1001/jamanetworkopen.2020.0001)
13. Alcaraz KI, Wiedt TL, Daniels EC, Yabroff KR, Guerra CE, Wender RC. Understanding and addressing social determinants to advance cancer health equity in the United States: a blueprint for practice, research, and policy. *CA: a cancer journal for clinicians*. 2020 Jan;70(1):31-46. [wiley.com](https://doi.org/10.1002/ca.24111)
14. Pastor M, Speer P, Gupta J, Han H et al. Community power and health equity: closing the gap between scholarship and practice. *NAM perspectives*. 2022. [nih.gov](https://doi.org/10.1177/10755470221100001)
15. Michener L, Aguilar-Gaxiola S, Alberti PM, Castaneda MJ, Castrucci BC, Harrison LM, Hughes LS, Richmond A, Wallerstein N. Peer reviewed: engaging with communities—lessons (re) learned from COVID-19. *Preventing Chronic Disease*. 2020;17.
16. Dawes DE. The political determinants of health. Johns Hopkins University Press; 2020 Mar 24
17. Berwick DM. The moral determinants of health. *Jama*. 2020 Jul 21;324(3):225-6.
18. Rolfe S, Garnham L, Godwin J, Anderson I, Seaman P, Donaldson C. Housing as a social determinant of health and wellbeing: Developing an empirically-informed realist theoretical framework. *BMC Public Health*. 2020 Jul 20;20(1):1138. [springer.com](https://doi.org/10.1186/s12916-020-01138-1)
19. Javed Z, Haisum Maqsood M, Yahya T, Amin Z, Acquah I, Valero-Elizondo J, Andrieni J, Dubey P, Jackson RK, Daffin MA, Cainzos-Achirica M. Race, racism, and cardiovascular health: applying a social determinants of health framework to racial/ethnic disparities in cardiovascular disease. *Circulation: Cardiovascular Quality and Outcomes*. 2022 Jan;15(1):e007917. [ahajournals.org](https://doi.org/10.1161/CIRCOUT.121.007917)

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