

Improving Equity in Public Health Initiatives: The Role of Social Determinants of Health

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Social determinants of health (SDoH) refer to the social circumstances that impact and determine health status and are often out of an individual's control (Artiga and Hinton, 2018; Magnan, 2017). Examples of SDoH include the family and community into which a person is born; opportunities for education and employment in the neighborhood in which a person lives, goes to school, and attempts to find employment opportunities; and the infrastructure in community settings—all of which can affect health in positive or negative ways (Artiga and Hinton, 2018; Magnan, 2017; Matthew, 2018). SDoH are typically categorized into five domains (Office of Disease Prevention and Health Promotion, 2023):

- Economic stability
- Educational access
- Health care access and quality
- Neighborhood and built environment
- Social and community context

As such, SDoH include the range of social contexts that may inadvertently influence an individual's choices and decisions. Similarly, there are many ways in which SDoH may impact public safety and public health agencies. One concrete example of the impact of SDoH is program access and engagement. An individual who experiences

less overall economic stability or fewer educational opportunities or who resides in areas characterized by poor community infrastructure, fewer available services, or more mistrust of systems will encounter many challenges to accessing and staying engaged with beneficial services (see figure 1). Thus, identifying the influence of SDoH as it relates to program administration is vital in determining the most impactful steps in addressing harmful patterns of substance use (Matthew, 2018).

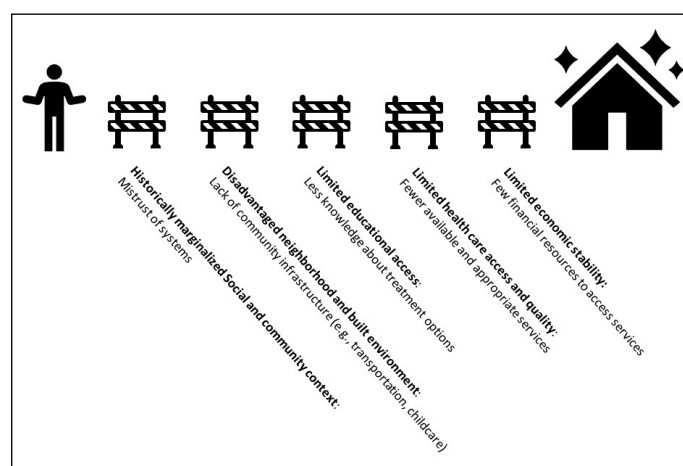


Figure 1

While SDoH are important considerations for both public safety and public health systems, this brief focuses primarily on public health programs. Future resources will focus on consideration of SDOH within public safety programs, which are often structurally different from those focused on public health.

Considering SDoH in the Administration of Public Health Initiatives: Health Equity Versus Health Equality

Many public health initiatives, at their core, seek to improve the effects of SDoH. Examples include connecting individuals experiencing housing instability to emergency housing services or providing linkage to free mental health and substance use services to those who are underinsured (Bureau of Justice Assistance, 2023). To address the adverse effects of social and structural contexts that disadvantage certain populations and groups, it is critical to consider how to implement programs in ways that support everyone's ability to access and engage with needed services. Health equity and health equality are two approaches for thinking about how program access and resources can be distributed to the population (Braveman et al., 2017; Dasgupta et al., 2018; Magnan, 2017).

Health equity is the act of providing individuals an equitable opportunity to be healthy regardless of their familial, social status, education, and socioeconomic backgrounds. This approach may require providing additional supports to those facing barriers to good health. In contrast, health equality emphasizes the provision of equal health benefits to all people regardless of their socioeconomic, societal, educational, and familial backgrounds (Braveman et al., 2017; Braveman, 2014).

While both health equity and health equality aim to improve health outcomes among the public, framing

program administration through an equity lens has a higher potential to ameliorate the health disparities that affect disadvantaged communities (Braveman, 2014; Braveman et al., 2017). The benefits of a health equity lens come from an acknowledgment of the outsized impact of SDoH, which can limit the availability and accessibility of service resources based on socioeconomic, educational, social, and familial backgrounds (Braveman, 2014; Braveman et al., 2017; Dasgupta et al., 2018). Health equity approaches create an environment that accounts for these health disparities and provides targeted opportunities to groups most likely to benefit from them (Braveman, et al., 2017; Dasgupta et al., 2018; Magnan, 2017).

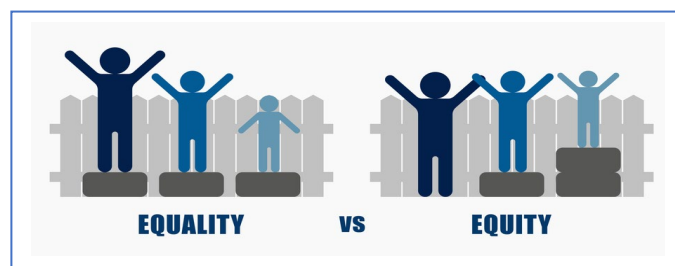


Figure 2

Applying a Health Equity Lens to Public Health Initiatives

The application of a health equity lens to the administration of public health initiatives is appropriate in all planning, decision making, and implementation of program policies and practices. Applying a health equity lens requires the intentional consideration of the programmatic impacts on individuals served by a particular program. There are four key steps to achieving health equity (adapted from Braveman et al., 2017):

- **Identify important health disparities.** Many health disparities are rooted in SDoH—specifically, in inequities in the opportunities and resources needed to be as healthy as possible. While public health initiatives can benefit everyone, focusing on serving

groups that have been excluded or marginalized in the past can have overall positive benefits for program access and engagement.

- **Change and implement structures, policies, and practices to reduce inequities in program opportunities and resources.** In general, ameliorating or eliminating program structures, policies, and practices that reduce access or engagement with particular groups can enhance programmatic activities. Examples of such actions may include the elimination of overly strict eligibility requirements, the provision of opportunities for reliable transportation and childcare, and the development of multilingual program materials.
- **Evaluate and monitor efforts using short- and long-term measures.** Reducing health disparities is a long-term effort. Public health initiatives may wish to systematically and regularly assess gaps in the programmatic outcomes of individuals from advantaged and disadvantaged groups. For example, programs could assess whether program participants represent the demographic makeup of the surrounding community; assess whether participants of all backgrounds are experiencing similar outcomes related to program involvement; and measure internal factors such as staffing composition and progress toward a more diverse and inclusive workforce that reflects the demographics of the communities served.
- **Reassess strategies in light of process and outcomes, and plan next steps.** Public health initiatives would benefit from actively engaging those most affected by disparities in the identification, design, implementation, and evaluation of promising strategies that may improve program administration and participant experiences. For example, including key community representatives and/or persons with lived

experience in planning, organizational leadership, and oversight could ensure that the community perspectives and insights are incorporated into program administration, development, evaluation, and decision making.

The factors that drive negative health outcomes are often also associated with criminal-legal involvement and criminal recidivism, which, in turn, exacerbate those same social adversities (Cadet et al., 2023; Daniels et al., 1999; McCauley et al., 2023; Rotter and Compton, 2022; Sundaresh et al., 2020). As such, rooting public health initiatives in health equity is likely to have far-reaching positive effects not only on individual and community health but also on criminal-legal outcomes and public safety.

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