Historical and Potential Policies to Influence Social and Structural Determinants

Sepehr Khavari*

* – corresponding author, sepehrkhavari13@gmail.com

Abstract

Social and structural determinants of health are integral factors for neighborhoods with low or medium incomes that extend beyond biological predispositions and contribute to the health disparities witnessed in these communities. Racial biases and political marginalization that support inequities in access to proper resources and education undermine the public health of historical minorities. This literature review explores how these factors impact such communities in terms of their physical and mental health. Differences in early treatment and preventive medicine as well as food deserts are some of the effects of these disparities. Historical practices like redlining and discriminatory financial policies exacerbate the conditions that exist today in marginalized areas. The impact of the long-term health and well-being of residents is analyzed in case studies in Milwaukee's historically redlined neighborhoods to demonstrate lower survival rates and heightened disease risks. In order to address these disparities, policies that specifically address and improve social and structural determinants of health must be enacted. Successful practices on an international or state level that could be adopted for the United States as a nation include universal healthcare systems and community-based health initiatives. Improving equality in determinants serves as both a public health strategy that is financially beneficial as well as an ethical responsibility.

Introduction

Social and structural determinants make it difficult for communities with low or medium incomes to attain equal health and well-being. Beyond biological and clinical factors for the abundance of disease in communities, socioeconomic fundamental drivers of disease risk that stem from levels of income can include access to resources and education (Ray et al.). Structural factors such as racial biases and political margination can lead to inequities in health outcomes across populations (Radević et al.). Therefore, policies must be put in place in order to reduce such disparities and ensure equal health outcomes.

Social Determinants of Health

Disparities in access to healthcare and food security stem from variations in income and employment status; one study highlighted that individuals with lower incomes are more likely to face high deductibles and restricted access to subpar provider networks, while those with higher incomes have more diversity in terms of preventative care and insurance. Because of these inequities in access to locations for treatment or quality of health, compared to their wealthier counterparts, individuals with low incomes experience 1.5 to 2 times more risk factors for cardiovascular conditions (U. Essien et al.). Outside of differences in income, employment status overall has a similar effect, as unemployed individuals often cannot garner appropriate care due to frequently being uninsured. For instance, chronic disease rates are exacerbated by food deserts and inadequate healthcare access that originate from areas that have significant employment instability (Odoms-Young et al.).

Being essential for the management of both acute and chronic conditions, access to affordable, effective healthcare is an integral factor for social determinants of health (SDOH), particularly in areas with low-income or rural populations that face barriers in terms of healthcare access. Over 23 million individuals face limits in receiving timely treatment as they experience shortages in accessing primary care providers due to their location (R. Butkus et al.). Uninsured individuals are less likely to seek preventive care or early treatment as well, which exacerbates the disparities in healthcare beyond just access to the appropriate facilities: higher rates of preventable conditions such as diabetes and hypertension are found within Black and Hispanic populations, who have greater concentrations of uninsured individuals, as these populations are statistically more likely to report delaying or forgoing care due to costs (Moore et al.).

Disparities in health extend beyond simply physical ailments, as mental health risk factors vary as well, particularly in social networks and community support systems. Higher efficacy in health outcomes exists within strong social ties that promote healthy behavior and offer emotional support (Manchanda et al.); as with neighborhoods that showcase significant levels of trust and experience, social cohesion is linked with reduced mental health issues—lower rates of

stress and depression—due to greater capacity to open up to trusted members; the absence of these social concepts correlates with mental health difficulties that can eventually lead to physical health conditions as well: lower rates of chronic disease and mortality—especially among women—were seen in communities with robust social networks (U. Essien et al.). The management of chronic disease—most significantly diabetes—also improves in stronger communities as there is a greater likelihood of resources and encouragement provided.

Health outcomes are also shaped by the structure and environment found within the surrounding communities. Negative health outcomes correlate with poor living conditions—inadequate housing or environmental hazards. Increased risk of respiratory diseases and mental health disorders is associated with subpar housing standards, regardless of age. Studies highlight that in homes with mold or pest infestations, children are more likely to develop asthma (K. Sullivan and N. Thakur). Moreover, higher rates of cardiovascular and respiratory disease are found within low-income and minority communities that experience a disproportionate amount of air pollution. One study found that compared to their Caucasian counterparts, racial minority groups were 38% more likely to be exposed to nitrogen dioxide, a pollutant that increases the likelihood of asthma and heart attacks (R. Butkus et al.).

Structural Determinants of Health

The distribution of social determinants of health is facilitated by the presence of structural determinants, including systemic racial bias and skewed policies. Health disparities are worsening in marginalized groups because of structural determinants, as these determinants govern access to resources.

Marginalized groups experience discriminatory policies due to historical inequities that have long-term ramifications for health outcomes today. Wealth disparities and limited access to quality housing and education were originally created through the use of redlining—a policy instituted in the 1930s in the U.S. that systemically denied mortgage loans to African American residents (Egede et al.). Due to the poor conditions these individuals were limited to, higher rates of chronic diseases such as diabetes and hypertension are found in historically redlined communities (A. White et al.). However, this is not a phenomenon unique to the United States, as similar system inequities manifest in countries that experienced historical segregation policies, like Brazil and South Africa. Therefore, key drivers of unequal health outcomes are the structural determinants that stem from historical patterns of disparity.

The distribution of resources is shaped by the political and economic systems in place that can promote disparities in treatment. Accessibility to social services and healthcare institutions is facilitated by government structures; consistently better average health outcomes are reported in countries that have universal healthcare systems, such as those in Scandinavia, compared to

countries that do not have universal healthcare practices in place, including the United States. For example, compared to the 78 years of life expectancy in the U.S., Norway and Sweden hold a life expectancy of approximately 82 years (C. Cogburn). Economic policies like the Earned Income Tax Credit (EITC) can improve inequities by providing financial support to low-income individuals, reducing poverty, and increasing access to healthcare (E. Clark et al.). On the contrary, health disparities can be further exacerbated by the implementation of austerity measures and cuts to social services.

The organization and access to resources are also determined by the inherent institutional systems that communities are placed in. Disparities in treatment and care quality for racial and ethnic minorities result from implicit bias among healthcare providers and other discriminatory practices in care. For example, systemic racial biases are shown in primary healthcare institutions as African American patients are undertreated for nondescriptive pain compared to Caucasian patients (J. Kirkbride et al.). The contribution to long-term mental health issues and a reduction in socioeconomic mobility is seen with educational policies that disproportionately affect students of color, including zero-tolerance disciplinary practices. This reduced socioeconomic mobility accounts for poorer healthcare outcomes for a minority (Konopka et al.). Furthermore, positions that do not have access to benefits like health insurance or paid sick leave are more concentrated in racial minorities, as they are underrepresented in high-paying jobs due to the disparities caused by discriminatory educational policies (J. Kirkbride et al.).

Case Example: The Impact of Racism and Economic Inequality on Health

Analysis of the combination of structural and social determinants of health demonstrates the impact of health outcomes, especially in historically marginalized communities. A case study from Milwaukee, Wisconsin, shows this disparity through the usage and long-term effects of redlining. This practice was perpetuated by the Home Owners' Loan Corporation (HOLC), which rated neighborhoods based on the composition of the different races of individuals that resided in each respective home (Gibbons). Decades of disinvestment resulted as communities with a predominantly African American population were rated as dangerous and thus denied loans for mortgages. While the practice is no longer in place, the residual effects of redlining remain visible in the present in Milwaukie as minorities are still concentrated in those same neighborhoods (A. White et al.).

The association between redlining and breast cancer survival rates is emphasized by the Milwaukee case study. Although not a direct causation, there is a correlation between redlining and health outcomes as African American residents in Milwaukee—particularly women—experience lower survival rates for diseases compared to Caucasian residents (Beyer et al.). Factors like limited access to health institutions and environmental conditions exacerbate these disparities (A. White et al.). Higher rates of chronic diseases were seen in these redlined

areas as there are inequalities in access to treatment; moreover, raised rates of unemployment and limited access to options for healthy food are apparent as well, which exacerbate health inequities (A. White et al.).

Due to the historical lack of investment and protection for environmental hazards in previously redlined neighborhoods. Lead poisoning and other environmental toxins are concentrated in areas with high minorities, correlating with higher rates of disease for African American children. Early exposure to such environmental risks can lead to developmental delays and respiratory illnesses in the long term (A. White et al.).

Addressing the continual effects of redlining requires interventions to target the root causes of discrimination and poverty in such neighborhoods in order to improve access to healthcare. Improving neighborhood conditions and ensuring equitable access to resources to promote health would allocate a safety social net that would be beneficial (A. White et al.). Therefore, targeting interventions and systemic inequities through policies that increase access should be implemented.

Health Systems and Policy Implications

Systematic reforms in healthcare coverage and education have been implemented with high efficacy. In nations like the United Kingdom and Canada, healthcare access is not dependent on employment status or income, so the adoption of universal healthcare proved to reduce health disparities (Raittio and Suominen): in the United States, where access to healthcare is more limited, life expectancy is three years less than in Canada (C. Cogburn). Outside of health insurance, a 10% reduction in infant mortality is associated with states that adopt practices of paid family leave.

Integration of social care into existing healthcare systems would improve the health outcomes of populations and communities that are currently being marginalized. One study shows a reduction of 30% in hospitalization admittance when initiatives address SDOH through housing support programs or other initiatives of social care (D. Mohottige et al.). Furthermore, significant reductions in visits to the emergency room and overall healthcare costs for local governments were seen in U.S. cities that adopted the “Housing First” model to provide stable housing to individuals who experience chronic homelessness. According to the National Academy of Medicine, there is an approximate return of $2.50 in healthcare savings for every dollar that is invested in social services (Arena et al.). Therefore, implementing policies to address deficits in equality for the health and well-being of residents not only fulfills shared moral obligations but also serves as a cost-effective strategy for the maintenance of public health.

While providing shelter is a priority, the quality of existing homes and neighborhoods may also be addressed to improve health outcomes. Since poor health issues—including respiratory diseases and mental health disorders—arise from inadequate housing conditions, policies to clean up neighborhoods or provide alternative housing should be implemented (Holden et al.). Policies such as rental assistance and prevention of evictions in times of significant duress could be established to increase overall public health, as eviction and forced transitions to the homeless have demonstrated links to increased morbidity and mortality (S. Palmer et al.). These initiatives have been enacted in select locations—like the Māori populations in New Zealand—but widespread adoption of such investments in community-governed health services and culturally relevant interventions must still be addressed.

Conclusion

Both social and structural determinants of health should be targeted to address not only the current disparities in health outcomes but the root causes as well. Since systematic inequities in education and housing are drivers of health inequalities, governments and institutions can enact policies that seek to rectify these specific areas of residential well-being. The ramifications of historical practices are still evident: policymakers must prioritize structural reform and establish metrics to measure success, including improvements in resources and improvements in healthcare access.

References

Akhtar, A., Nadeem Ahmad, and Indrani Roy Chowdhury. “Socio-Economic Inequality in Catastrophic Health Expenditure among Households in India: A Decomposition Analysis.” *Indian Economic Review* 55, no. 2 (December 2020): 339–69. https://doi.org/10.1007/s41775-020-00093-3.

Alegría, Margarita, Kiara Alvarez, Michelle Cheng, and Irene Falgas-Bague. “Recent Advances on Social Determinants of Mental Health: Looking Fast Forward.” *The American Journal of Psychiatry* 180, no. 7 (July 1, 2023): 473–82. https://doi.org/10.1176/appi.ajp.20230371.

Alhamami, Munassir. “Inequity, Inequality, and Language Rights in English as a Medium of Instruction Programs.” *Evaluation and Program Planning* 99 (August 2023): 102297. https://doi.org/10.1016/j.evalprogplan.2023.102297.

Arcaya, Mariana C., and José F. Figueroa. “Emerging Trends Could Exacerbate Health Inequities In The United States.” *Health Affairs (Project Hope)* 36, no. 6 (June 1, 2017): 992–98. https://doi.org/10.1377/hlthaff.2017.0011.

Arena, Ross, Marco Guazzi, Paige D. Briggs, Lawrence P. Cahalin, Jonathan Myers, Leonard A. Kaminsky, Daniel E. Forman, et al. “Promoting Health and Wellness in the Workplace: A Unique Opportunity to Establish Primary and Extended Secondary Cardiovascular Risk Reduction Programs.” *Mayo Clinic Proceedings* 88, no. 6 (June 2013): 605–17. https://doi.org/10.1016/j.mayocp.2013.03.002.

Benfer, Emily A, Seema Mohapatra, and Lindsay F Wiley. “Health Justice Strategies to Combat the Pandemic: Eliminating Discrimination, Poverty, and Health Disparities During and After COVID-19,” 2020.

Berry, Obianuju O., Amalia Londoño Tobón, and Wanjikũ F. M. Njoroge. “Social Determinants of Health: The Impact of Racism on Early Childhood Mental Health.” *Current Psychiatry Reports* 23, no. 5 (March 12, 2021): 23. https://doi.org/10.1007/s11920-021-01240-0.

Beyer, Kirsten M. M., Yuhong Zhou, Purushottam W. Laud, Emily L. McGinley, Tina W. F. Yen, Courtney Jankowski, Nicole Rademacher, et al. “Mortgage Lending Bias and Breast Cancer Survival Among Older Women in the United States.” *Journal of Clinical Oncology* 39, no. 25 (September 1, 2021): 2749–57. https://doi.org/10.1200/JCO.21.00112.

Butkus, Renee, Katherine Rapp, Thomas G. Cooney, Lee S. Engel, and for the Health and Public Policy Committee of the American College of Physicians. “Envisioning a Better U.S. Health Care System for All: Reducing Barriers to Care and Addressing Social Determinants of Health.” *Annals of Internal Medicine* 172, no. 2_Supplement (January 21, 2020): S50. https://doi.org/10.7326/M19-2410.

Cardoso, Evelin Helena Silva, Marcelino Silva Da Silva, Francisco Eguinaldo De Albuquerque Felix Junior, Solon Venancio De Carvalho, Andre Carlos Ponce De Leon Ferreira De Carvalho, Nandamudi Vijaykumar, and Carlos Renato Lisboa Frances. “Characterizing the Impact of Social Inequality on COVID-19 Propagation in Developing Countries.” *IEEE Access* 8 (2020): 172563–80. https://doi.org/10.1109/ACCESS.2020.3024910.

Carr, Erika R. “A History of the Community Mental Health Movement and Individuals with Serious Mental Illness: A Vision for the Future.” *The American Journal of Orthopsychiatry* 94, no. 4 (2024): 380–91. https://doi.org/10.1037/ort0000737.

Case, Anne, and Angus Deaton. “Accounting for the Widening Mortality Gap between American Adults with and without a BA.” *Brookings Papers on Economic Activity* 2023, no. 2 (September 2023): 1–78. https://doi.org/10.1353/eca.2023.a935412.

Castillo, Enrico G., Jessica Isom, Katrina L. DeBonis, Ayana Jordan, Joel T. Braslow, and Robert Rohrbaugh. “Reconsidering Systems-Based Practice: Advancing Structural Competency, Health

Equity, and Social Responsibility in Graduate Medical Education." *Academic Medicine* 95, no. 12 (December 2020): 1817–22. https://doi.org/10.1097/ACM.0000000000003559.

Clark, Emily C., Emily Cranston, Tionné Polin, Sume Ndumbe-Eyoh, Danielle MacDonald, Claire Betker, and Maureen Dobbins. "Structural Interventions That Affect Racial Inequities and Their Impact on Population Health Outcomes: A Systematic Review." *BMC Public Health* 22, no. 1 (November 24, 2022): 2162. https://doi.org/10.1186/s12889-022-14603-w.

Cogburn, Courtney D. "Culture, Race, and Health: Implications for Racial Inequities and Population Health." *The Milbank Quarterly* 97, no. 3 (September 2019): 736–61. https://doi.org/10.1111/1468-0009.12411.

copilot.microsoft.com, and Shah Md Imran. "Exploring the Relationship Between Food Deserts and Chronic Disease Prevalence." *Non Human Journal* 1, no. 01 (March 8, 2024): 15–19. https://doi.org/10.70008/nhj.v1i01.15.

Crear-Perry, Joia, Rosaly Correa-de-Araujo, Tamara Lewis Johnson, Monica R. McLemore, Elizabeth Neilson, and Maeve Wallace. "Social and Structural Determinants of Health Inequities in Maternal Health." *Journal of Women's Health* 30, no. 2 (February 1, 2021): 230–35. https://doi.org/10.1089/jwh.2020.8882.

Demissei, Biniyam G., Kyunga Ko, Anran Huang, Daniel J. Lee, Abigail G. Doucette, Amanda M. Smith, Nicholas S. Wilcox, et al. "Social Determinants of Health Mediate Racial Disparities in Cardiovascular Disease in Men With Prostate Cancer." *JACC. CardioOncology* 6, no. 3 (June 2024): 390–401. https://doi.org/10.1016/j.jaccao.2024.04.004.

Dhinsa, Jaskiran, Andres Roman-Urrestarazu, Robin van Kessel, and Keith Humphreys. "Understanding Predictors of Mental Health and Substance Use Treatment Utilization among US Adults: A Repeated Cross-Sectional Study." *Global Epidemiology* 5 (December 2023): 100109. https://doi.org/10.1016/j.gloepi.2023.100109.

Egede, Leonard E., Rebekah J. Walker, Jennifer A. Campbell, Sebastian Linde, Laura C. Hawks, and Kaylin M. Burgess. "Modern Day Consequences of Historic Redlining: Finding a Path Forward." *Journal of General Internal Medicine* 38, no. 6 (May 1, 2023): 1534–37. https://doi.org/10.1007/s11606-023-08051-4.

Essien, Utibe R., Jelena Kornej, Amber E. Johnson, Lucy B. Schulson, Emelia J. Benjamin, and Jared W. Magnani. "Social Determinants of Atrial Fibrillation." *Nature Reviews Cardiology* 18, no. 11 (November 2021): 763–73. https://doi.org/10.1038/s41569-021-00561-0.

Farley, Amy N., Bethy Leonardi, and Jamel K. Donnor. “Perpetuating Inequalities: The Role of Political Distraction in Education Policy.” *Educational Policy* 35, no. 2 (March 2021): 163–79. https://doi.org/10.1177/0895904820987992.

Gagnon, Kelly, Ángel Ortiz-Siberón, Nirali Deepak Patel, Richard James, Mary Hawk, April Joy Damian, and Rinad Beidas. “Identifying Facilitators, Barriers, and Strategies to Implement Social Determinants of Health Screening, Referral, and Follow-up in the US: A Scoping Review Protocol.” *JBI Evidence Synthesis* 20, no. 6 (June 1, 2022): 1568–77. https://doi.org/10.11124/JBIES-21-00161.

Gardner, Hannah, Georgina Miles, Ayesha Saleem, Aleksandra Dunin-Borkowska, Hannah Mohammad, Natasha Puttick, Sanam Aksha, Suraj Bhattarai, and Claire Keene. “Social Determinants of Health and the Double Burden of Disease in Nepal: A Secondary Analysis.” *BMC Public Health* 22, no. 1 (August 17, 2022): 1567. https://doi.org/10.1186/s12889-022-13905-3.

Gibbons, Joseph. “Evaluating the Association between Home Owners’ Loan Corporation Redlining and Concentrated Black Poverty.” *Journal of Urban Affairs* 0, no. 0 (n.d.): 1–14. https://doi.org/10.1080/07352166.2023.2206035.

Harell, Allison, and Evan Lieberman. “How Information about Race-Based Health Disparities Affects Policy Preferences: Evidence from a Survey Experiment about the COVID-19 Pandemic in the United States.” *Social Science & Medicine (1982)* 277 (May 2021): 113884. https://doi.org/10.1016/j.socscimed.2021.113884.

Holden, Karl A., Alice R. Lee, Daniel B. Hawcutt, and Ian P. Sinha. “The Impact of Poor Housing and Indoor Air Quality on Respiratory Health in Children.” *Breathe* 19, no. 2 (June 1, 2023). https://doi.org/10.1183/20734735.0058-2023.

Holt-Lunstad, Julianne. “Social Connection as a Public Health Issue: The Evidence and a Systemic Framework for Prioritizing the ‘Social’ in Social Determinants of Health.” *Annual Review of Public Health* 43, no. 1 (April 5, 2022): 193–213. https://doi.org/10.1146/annurev-publhealth-052020-110732.

Horwitz, Leora I., Carol Chang, Harmony N. Arcilla, and James R. Knickman. “Quantifying Health Systems’ Investment In Social Determinants Of Health, By Sector, 2017–19: Study Analyzes the Extent to Which US Health Systems Are Directly Investing in Community Programs to Address Social Determinants of Health.” *Health Affairs* 39, no. 2 (February 1, 2020): 192–98. https://doi.org/10.1377/hlthaff.2019.01246.

Javed, Zulqarnain, Muhammad Haisum Maqsood, Tamer Yahya, Zahir Amin, Isaac Acquah, Javier Valero-Elizondo, Julia Andrieni, et al. “Race, Racism, and Cardiovascular Health: Applying a Social Determinants of Health Framework to Racial/Ethnic Disparities in Cardiovascular Disease.” *Circulation: Cardiovascular Quality and Outcomes* 15, no. 1 (January 2022). https://doi.org/10.1161/CIRCOUTCOMES.121.007917.

Johnson-Agbakwu, Crista E., Nyima S. Ali, Corrina M. Oxford, Shana Wingo, Emily Manin, and Dean V. Coonrod. “Racism, COVID-19, and Health Inequity in the USA: A Call to Action.” *Journal of Racial and Ethnic Health Disparities* 9, no. 1 (February 2022): 52–58. https://doi.org/10.1007/s40615-020-00928-y.

Kamp, Eline van de, Jasmin Ma, Nagendra Monangi, Fuchiang Rich Tsui, Shilpa G. Jani, Jae H. Kim, Robert S. Kahn, and C. Jason Wang. “Addressing Health-Related Social Needs and Mental Health Needs in the Neonatal Intensive Care Unit: Exploring Challenges and the Potential of Technology.” *International Journal of Environmental Research and Public Health* 20, no. 24 (December 9, 2023): 7161. https://doi.org/10.3390/ijerph20247161.

Kennedy, Andrea, Anika Sehgal, Joanna Szabo, Katharine McGowan, Gabrielle Lindstrom, Pamela Roach, Lynden (Lindsay) Crowshoe, and Cheryl Barnabe. “Indigenous Strengths-Based Approaches to Healthcare and Health Professions Education – Recognising the Value of Elders’ Teachings.” *Health Education Journal* 81, no. 4 (June 2022): 423–38. https://doi.org/10.1177/00178969221088921.

Kirchhelle, Claas, Paul Atkinson, Alex Broom, Komatra Chuengsatiansup, Jorge Pinto Ferreira, Nicolas Fortané, Isabel Frost, et al. “Setting the Standard: Multidisciplinary Hallmarks for Structural, Equitable and Tracked Antibiotic Policy.” *BMJ Global Health* 5, no. 9 (September 2020): e003091. https://doi.org/10.1136/bmjgh-2020-003091.

Kirkbride, James B., Deidre M. Anglin, Ian Colman, Jennifer Dykxhoorn, Peter B. Jones, Praveetha Patalay, Alexandra Pitman, et al. “The Social Determinants of Mental Health and Disorder: Evidence, Prevention and Recommendations.” *World Psychiatry* 23, no. 1 (February 2024): 58–90. https://doi.org/10.1002/wps.21160.

Kreuter, Matthew W., Tess Thompson, Amy McQueen, and Rachel Garg. “Addressing Social Needs in Health Care Settings: Evidence, Challenges, and Opportunities for Public Health.” *Annual Review of Public Health* 42, no. 1 (April 1, 2021): 329–44. https://doi.org/10.1146/annurev-publhealth-090419-102204.

Lipshutz, Judith A., Jeffrey E. Hall, Ana Penman-Aguilar, Elizabeth Skillen, Sandra Naoom, and Ikovwa Irune. “Leveraging Social and Structural Determinants of Health at the Centers for Disease Control and Prevention: A Systems-Level Opportunity to Improve Public Health.”

Journal of Public Health Management and Practice 28, no. 2 (March 2022): E380–89. https://doi.org/10.1097/PHH.0000000000001363.

Lok, Renske, Lara Weed, Joseph Winer, and Jamie M. Zeitzer. "Perils of the Nighttime: Impact of Behavioral Timing and Preference on Mental Health in 73,888 Community-Dwelling Adults." *Psychiatry Research* 337 (July 2024): 115956. https://doi.org/10.1016/j.psychres.2024.115956.

Manchanda, Tanya, Alan Stein, and Mina Fazel. "Investigating the Role of Friendship Interventions on the Mental Health Outcomes of Adolescents: A Scoping Review of Range and a Systematic Review of Effectiveness." *International Journal of Environmental Research and Public Health* 20, no. 3 (January 2023): 2160. https://doi.org/10.3390/ijerph20032160.

Mohottige, Dinushika, Clarissa J. Diamantidis, Keith C. Norris, and L. Ebony Boulware. "Racism and Kidney Health: Turning Equity Into a Reality." *American Journal of Kidney Diseases* 77, no. 6 (June 2021): 951–62. https://doi.org/10.1053/j.ajkd.2021.01.010.

Nation, Maury, Derek A. Chapman, Torey Edmonds, Franklin N. Cosey-Gay, Trinidad Jackson, Khiya J. Marshall, Deborah Gorman-Smith, Terri Sullivan, and Aimée-Rika T. Trudeau. "Social and Structural Determinants of Health and Youth Violence: Shifting the Paradigm of Youth Violence Prevention." *American Journal of Public Health* 111, no. S1 (May 2021): S28–31. https://doi.org/10.2105/AJPH.2021.306234.

Ndumbe-Eyoh, Sume, Pemma Muzumdar, Claire Betker, and Diane Oickle. "'Back to Better': Amplifying Health Equity, and Determinants of Health Perspectives during the COVID-19 Pandemic." *Global Health Promotion* 28, no. 2 (June 2021): 7–16. https://doi.org/10.1177/17579759211000975.

Odoms-Young, Angela, Alison G. M. Brown, Tanya Agurs-Collins, and Karen Glanz. "Food Insecurity, Neighborhood Food Environment, and Health Disparities: State of the Science, Research Gaps and Opportunities." *The American Journal of Clinical Nutrition* 119, no. 3 (March 1, 2024): 850–61. https://doi.org/10.1016/j.ajcnut.2023.12.019.

Paik, Kenneth Eugene, Rachel Hicklen, Fred Kaggwa, Corinna Victoria Puyat, Luis Filipe Nakayama, Bradley Ashley Ong, Jeremey N. I. Shropshire, and Cleva Villanueva. "Digital Determinants of Health: Health Data Poverty Amplifies Existing Health Disparities-A Scoping Review." *PLOS Digital Health* 2, no. 10 (October 2023): e0000313. https://doi.org/10.1371/journal.pdig.0000313.

Palmer, Suetonia C., Harriet Gray, Tania Huria, Cameron Lacey, Lutz Beckert, and Suzanne G. Pitama. "Reported Māori Consumer Experiences of Health Systems and Programs in Qualitative

Research: A Systematic Review with Meta-Synthesis." *International Journal for Equity in Health* 18, no. 1 (December 2019): 163. https://doi.org/10.1186/s12939-019-1057-4.

Patel, Lisa, Elizabeth Friedman, Stephanie Alexandra Johannes, Stephanie Sophie Lee, Haley Grace O'Brien, and Sarah E. Schear. "Air Pollution as a Social and Structural Determinant of Health." *The Journal of Climate Change and Health* 3 (August 2021): 100035. https://doi.org/10.1016/j.joclim.2021.100035.

Pratt, Bridget, Mark Sheehan, Nicola Barsdorf, and Adnan A. Hyder. "Exploring the Ethics of Global Health Research Priority-Setting." *BMC Medical Ethics* 19 (December 6, 2018): 94. https://doi.org/10.1186/s12910-018-0333-y.

Radević, Ivan, Vlado Dimovski, Anđelko Lojpur, and Simon Colnar. "Quality of Healthcare Services in Focus: The Role of Knowledge Transfer, Hierarchical Organizational Structure and Trust." *Knowledge Management Research & Practice* 21, no. 3 (May 4, 2023): 525–36. https://doi.org/10.1080/14778238.2021.1932623.

Sharma, Anand. "Does Economic Freedom Improve Health Outcomes in Sub-Saharan Africa?" *International Journal of Social Economics* 47, no. 12 (October 20, 2020): 1633–49. https://doi.org/10.1108/IJSE-01-2020-0008.

Shen, Alice, Luisa Graden, and Annie Harper. "Debt Inequity Among Clients of a Community Mental Health Center." *Psychiatric Services (Washington, D.C.)* 74, no. 11 (November 1, 2023): 1208–11. https://doi.org/10.1176/appi.ps.202100565.

Siddiqui, Saher, Angelika Morris, Daniel J. Ikeda, Satchit Balsari, Laura Blanke, Miriam Pearsall, Roxanna Rodriguez, et al. "Scaling up Community-Delivered Mental Health Support and Care: A Landscape Analysis." *Frontiers in Public Health* 10 (2022): 992222. https://doi.org/10.3389/fpubh.2022.992222.

Sprong, Stefanie, Jolanda Jetten, Zhechen Wang, Kim Peters, Frank Mols, Maykel Verkuyten, Brock Bastian, et al. "'Our Country Needs a Strong Leader Right Now': Economic Inequality Enhances the Wish for a Strong Leader." *Psychological Science* 30, no. 11 (November 2019): 1625–37. https://doi.org/10.1177/0956797619875472.

Sullivan, Kathryn, and Neeta Thakur. "Structural and Social Determinants of Health in Asthma in Developed Economies: A Scoping Review of Literature Published Between 2014 and 2019." *Current Allergy and Asthma Reports* 20, no. 2 (February 2020): 5. https://doi.org/10.1007/s11882-020-0899-6.

Takian, Amirhossein, Mohammad Mehdi Kiani, and Khatere Khanjankhani. “COVID-19 and the Need to Prioritize Health Equity and Social Determinants of Health.” *International Journal of Public Health* 65, no. 5 (June 2020): 521–23. https://doi.org/10.1007/s00038-020-01398-z.

Ukah, Ugochinyere Vivian, Wusiman Aibibula, Robert W. Platt, Natalie Dayan, Pauline Reynier, and Kristian B. Filion. “Time‐related Biases in Perinatal Pharmacoepidemiology: A Systematic Review of Observational Studies.” *Pharmacoepidemiology and Drug Safety* 31, no. 12 (December 2022): 1228–41. https://doi.org/10.1002/pds.5504.

Valiente, Oscar, Queralt Capsada-Munsech, and Jan Peter G De Otero. “Educationalisation of Youth Unemployment through Lifelong Learning Policies in Europe.” *European Educational Research Journal* 19, no. 6 (November 2020): 525–43. https://doi.org/10.1177/1474904120908751.

White, Anna G., Seth D. Guikema, and Tom M. Logan. “Urban Population Characteristics and Their Correlation with Historic Discriminatory Housing Practices.” *Applied Geography* 132 (July 2021): 102445. https://doi.org/10.1016/j.apgeog.2021.102445.