http://dx.doi.org/10.18623/rvd.v22.n4.3440

HEALTH DETERMINANTS – SOCIAL SPECTRUM, SIGNIFICANCE AND EMPHASIS

DETERMINANTES DA SAÚDE – ESPECTRO SOCIAL, SIGNIFICADO E ÊNFASE

Article received on: 7/21/2025
Article accepted on: 10/27/2025

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The authors declare that there is no conflict of interest

Abstract
The topic of the social determinants of health has become increasingly relevant in the contemporary context of global social, economic, and demographic change. This article examines the influence of social, economic, and cultural factors on population health and the course of disease progression, emphasizing inequalities in access to healthcare services and support. It analyzes the interactions among social structures, individual behaviors, and institutional practices that shape population health. A multi-level model of interventions - individual, organizational, and community - is presented, aimed at reducing vulnerability and fostering social resilience. The relevance of this research lies in the need for health and social policy to integrate new approaches such as social prescribing, culturally competent care, and interinstitutional collaboration. The article provides an analytical framework and practical guidelines for social work and healthcare professionals in developing interventions that strengthen public health and reduce social disparities arising from illness.

Keywords: Social Determinants of Health. Socioeconomic Factors. Social Support. Health Interventions. Vulnerable Groups. Social Resilience.

Resumo
O tema dos determinantes sociais da saúde tornou-se cada vez mais relevante no contexto contemporâneo de mudanças sociais, econômicas e demográficas globais. Este artigo examina a influência de fatores sociais, econômicos e culturais na saúde da população e no curso da progressão da doença, enfatizando as desigualdades no acesso a serviços e apoio de saúde. Analisa as interações entre estruturas sociais, comportamentos individuais e práticas institucionais que moldam a saúde da população. Um modelo multinível de intervenções – individual, organizacional e comunitário – é apresentado, visando reduzir a vulnerabilidade e promover a resiliência social. A relevância desta pesquisa reside na necessidade de as políticas de saúde e sociais integrarem novas abordagens, como prescrição social, cuidados culturalmente competentes e colaboração interinstitucional. O artigo fornece uma estrutura analítica e diretrizes práticas para profissionais de serviço social e saúde no desenvolvimento de intervenções que fortaleçam a saúde pública e reduzam as disparidades sociais decorrentes da doença.

Palavras-chave: *Determinantes Sociais da Saúde. Fatores Socioeconômicos. Apoio Social. Intervenções em Saúde. Grupos Vulneráveis. Resiliência Social.*

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1 INTRODUCTION AND THEORETICAL FRAMEWORK

Globally, there is a visible aging of the population and an increase in chronic illnesses among both children and adults. Advances in medical technology have allowed these individuals to live longer than previous generations, maintaining a relatively good quality of life. However, the increase in life expectancy also means a longer period during which individuals depend on health and social services (WHO, 2021). The unprecedented challenges brought by the COVID-19 pandemic have exposed key weaknesses in health and social systems that had previously received little public attention. Among these are the readiness of newly qualified professionals to enter the field, recruitment and retention of staff, workforce shortages and burnout, as well as systemic underfunding and related challenges (Marmot & Allen, 2020). Many countries face rising pressure on their systems due to growing patient numbers combined with insufficient funding and staff turnover.

Over the past decade, the need to move beyond the traditional biomedical model of care has been increasingly acknowledged. This model focuses primarily on disease treatment from a biological perspective and symptom management, viewing good health as the absence of illness or social problems. Although technological advancements, including diagnostics and robotics, have improved patient outcomes, the biomedical approach remains largely reactive and fails to address the social determinants of health that play a vital role in preventing and managing both health and social problems (Braveman & Gottlieb, 2014).

The COVID-19 pandemic highlighted the urgency of reforming systems to better meet population needs. Globally, three main problem areas have been identified in the health and social sectors that require urgent attention: delayed or inadequate provision of health and social care; poor public mental health with its associated consequences; and burnout and turnover among professionals in these sectors (Navuluri et al., 2025). Health and social problems are often interdependent. Addressing a medical issue requires consideration of the social factors that contribute to it, and vice versa. For example, poverty resulting from unemployment often leads to poor nutrition, which can cause diabetes, which in turn limits employment opportunities. Such interactions underscore the importance of social factors in disease onset, patients' attitudes toward illness, treatment adherence, and prevention of complications - factors that collectively impact the strain on health and social systems (Braveman et al., 2011; Marmot & Bell, 2012).

Humanity is witnessing profound global transformations across multiple domains. While increased life expectancy is an undeniable achievement, it also leads to a higher proportion of older adults in the population. Medical and social sciences must respond adequately to these changing needs. The pressure on health and social care systems worldwide has grown significantly in recent years. Longer life expectancy, while beneficial, also means more years lived with chronic illnesses. Though risk factors for such conditions are well known, less attention is given to the social determinants that give rise to those risk factors. For instance, while medical records may list myocardial infarction as a cause of death, they do not identify tobacco use or poor diet as underlying contributors. Similarly, poverty-driven malnutrition, lack of access to quality food, and the inability to afford rest or recreation are all linked to chronic illnesses such as diabetes and stress-related disorders.

Over the last two to three decades, research has provided substantial evidence demonstrating the crucial role of social factors - alongside medical care - in shaping overall health outcomes. These findings do not deny the importance of healthcare but rather place it on an equal footing with social determinants (Marmot & Bell, 2012). The relationship between social factors and health is complex, and debates continue over the strength of causal links between certain social conditions and disease development (Braveman et al., 2011). Increasingly, scholars are also questioning the adequacy of traditional evidence evaluation criteria in assessing such relationships (Braveman & Gottlieb, 2014).

The World Health Organization (WHO, 2008) defines the social determinants of health as “the conditions in which people are born, grow, live, work, and age,” as well as “the fundamental drivers of these conditions.” These include non-medical factors shaped by social policies. The true causes of many deaths lie in these social determinants—poverty, illiteracy, gender and racial discrimination, unemployment, and fatalism. The growing body of research in recent decades underscores that social factors, together with healthcare, determine the general health status of populations and influence the trajectory of diseases (Braveman et al., 2011; Marmot & Bell, 2012; Braveman & Gottlieb, 2014).

2 EXPOSITION

2.1 Social determinants of health: influence on health status and longevity

Poverty is one of the greatest factors contributing to adverse health outcomes, and its effects intensify with increasing socio-economic disadvantage. Poorer individuals live shorter lives and experience illness more frequently than the more affluent. This inequality draws attention to the sensitivity of health to the social environment (Braveman & Gottlieb, 2014). A well-established relationship exists between psychological and social well-being, physical health, and longevity. The social determinants of health include factors such as income, social support, early childhood development, education, employment, and housing security (WHO, 2008). Their influence on human life is not static but varies depending on technological development, social change, and lifestyle. Public policy plays a key role in shaping a social environment that promotes health and prevents disease.

2.2 Socioeconomic factors and physical health

Socioeconomic conditions often have direct and immediate effects on health through exposure to toxic substances or unfavorable living environments. For instance, ingestion of lead found in inexpensive household paints can result in reduced cognitive function and delayed physical development in children exposed to this agent. Pollution and allergens - more prevalent in underprivileged neighborhoods - can trigger or exacerbate bronchial asthma in children (Evans & Schamberg, 2009; Gómez & Jones, 2021). Research has shown correlations between low income and education with elevated blood pressure and adverse cholesterol profiles. Socioeconomic factors also affect health-related behaviors. For example, workers who lack the right or willingness to take sick leave are more likely to work while ill, which increases the spread of infections, reduces productivity, and raises the risk of workplace accidents. The long-term consequences of such factors may include limited physical functionality following occupational injuries and increased costs for medical and social support. Children growing up in socioeconomically disadvantaged neighborhoods face greater physical and behavioral health challenges. They often experience emotional and psychological stressors such as

family conflict and instability resulting from systemic resource shortages. Researchers note that addressing symptoms of depression, anxiety, and other negative emotional states alone cannot fully explain the effects of social factors on health (Braveman & Gottlieb, 2014).

The factors influencing the social acceptability of risky health behaviors are also indicative. For example, exposure to violence in early childhood may increase the likelihood of youth involvement in violent acts. Easy access to alcohol in impoverished areas may promote its use among young people, increasing the incidence of alcohol-related injuries. Poor socioeconomic conditions can also affect sleep quality, leading to short-term and long-term health consequences. Workplace conditions can shape employee health behaviors, which in turn may affect others. Workers who are denied or afraid to take sick leave are more likely to attend work while ill, increasing the risk of disease transmission among colleagues or clients (with broader economic and social consequences), reducing work performance, prolonging illness, and raising treatment costs and accident risks. Such socio-economic influences on health behaviors can also affect long-term disease outcomes—for instance, an injured worker who avoids extended medical leave to prevent financial losses may develop permanent functional limitations, resulting in decreased quality of life and long-term dependency on social and medical support.

The World Health Organization (WHO) recommends programs targeting poverty reduction as a key means of improving health. For example, Chile's employment initiative lifted 70% of participants out of poverty, while India's Self-Employed Women's Association provided microloans and empowerment opportunities to thousands of women (Foege, 2010).

Fatalism - the belief that one cannot change one's future - is the opposite of empowerment and is often a fundamental factor in poor health outcomes. Studies indicate that approximately 33% of Americans hold fatalistic views, while in some countries this figure reaches 90%. One example is the Tostan Program in West Africa, which demonstrates the role of empowerment in countering fatalism and improving health. Through this initiative, groups of women, with the approval of village leaders, have successfully ended female genital mutilation and eliminated its associated health consequences. The movement quickly expanded, and today, a region encompassing over two million people in West Africa is free from this harmful practice (Foege, 2010).

In medicine, the “risk factor” paradigm remains dominant, focusing on modifying individual behaviors to prevent disease or complications - such as quitting smoking, reducing alcohol consumption, limiting salt and fat intake, and increasing physical activity. However, this approach has shown limited effectiveness because individuals rarely control the risk factors that make them ill; instead, they react unconsciously to environmental cues. Therefore, reducing unhealthy behaviors requires the creation of supportive environments that make healthy choices easier. For example, how appropriately designed infrastructure in a residential neighborhood would affect the health of those living there. The presence of local markets selling fresh produce can encourage healthy eating over fast food consumption. Parks and cycling lanes can promote physical activity and active commuting. These examples illustrate how properly structured social determinants can directly affect risk factors for disease and consequently disease prevalence. Conversely, geographic isolation from medical and social institutions can lead to delayed emergency care, complications, and even higher mortality.

Beyond the physical environment, the family and home setting play a crucial role in shaping health habits during early childhood. Habits such as healthy eating and physical activity are most easily learned at this stage, and positive role models are essential. Children exposed to abuse, domestic violence, or family members suffering from mental illness, substance use, or imprisonment are at significantly higher risk for severe outcomes later in life - being 12 times more likely to attempt suicide, 7 times more likely to develop alcoholism, and 10 times more likely to inject drugs (Brown et al., 2009). Research also shows that the presence of an alternative supportive figure - such as a grandparent, neighbor, friend, healthcare, or social worker - can serve as a corrective emotional experience that helps an individual process negative childhood experiences and develop healthier interpersonal behaviors (Zaccagnino et al., 2014). Consequently, the professional scope of medical and social specialists extends to include a wide range of preventive clinical practices. Early detection of potential risk factors and timely interventions can prevent serious illnesses and premature mortality. Focusing on the social determinants of health represents a vital and emerging area of health and social practice, emphasizing early intervention, community engagement, improved family health, and overall longevity with preserved quality of life.

Certain population groups traditionally experience higher morbidity and shorter lifespans - often individuals with lower socio-economic status, living and working in

more adverse conditions and thus exposed to more health risks and chronic stress (Andermann & CLEAR Collaboration, 2016). ccording to research conducted in the United States and Europe, this relationship often follows a stepwise gradient model, in which health gradually improves as social status rises. Strong links between poverty and health have been observed for centuries. Demonstrating a graded relationship between socio-economic factors and various health indicators suggests a dose–response relationship, reinforcing the likelihood that socio-economic conditions - or closely related factors - play a causal role**.**

Although the effects of extreme poverty on health are rarely disputed, not everyone agrees on the influence of income and education across the entire socio-economic spectrum. Some argue that income–health **or** education–health relationships reflect reverse causation - that is, illness leading to income loss and/or lower educational achievement. However, evidence from both longitudinal and cross-sectional studies indicates that these factors do not fully explain the strong and widespread associations observed. Moreover, the relationship between education and health cannot be attributed to reverse causation, since once achieved, an individual**'s** educational level cannot decrease.

Numerous studies have demonstrated a strong association between chronic psychosocial stress and the pathogenesis and outcomes of cardiovascular diseases (An et al., 2016), oncological disorders (Dai et al., 2020), diabetes, autoimmune syndromes, and mental illnesses (Mariotti, 2015). Scientific publications describe the concept of biological "wear and tear" resulting from prolonged exposure to social and environmental stressors - commonly referred to as allostatic load (Mosnaim et al., 2023). Continuous exposure to such stressors induces a multicomponent physiological response, leading to inflammatory processes and organ damage (Mosnaim et al., 2023; Braveman & Gottlieb, 2014).

Despite substantial evidence demonstrating the significant impact of the social determinants of health on overall health status, not every individual exposed to socio-economic or other adverse conditions develops disease. Certain protective social factors can mitigate the harmful effects of unfavorable social environments. These include social support, self-esteem, and self-efficacy. The social position of the individual and their immediate social environment, including prevailing norms and attitudes, are also of key importance. For instance, criteria for average income levels, housing standards, and

educational attainment differ across groups. In societies where basic needs such as food, housing, education, and healthcare are secured by the state, low income has a lesser impact on health outcomes. Similarly, the influence of income may be reduced when there is minimal social stigma associated with limited financial means. Genetics may also play a role in individual vulnerability or resilience to socio-economic adversity: biological responses to the same socio-environmental stressors can vary considerably depending on specific genetic polymorphisms (Braveman & Gottlieb, 2014).

A crucial question arises as to how health and social care professionals can influence the effects of social determinants of health. While modifying these determinants falls within the expertise of professionals from multiple disciplines, those working in healthcare and social services play a particularly pivotal role. It is impossible to provide a single, definitive answer, as change must be strategically embedded and implemented across three levels: individual, systemic, and community**.**

Work at the individual level can be extremely diverse, as practice shows that identified needs vary greatly in nature. A potential patient or client may be an elderly person living alone, a single mother, a homeless individual, a young person, or a refugee, among others. Environmental factors and social support determine whether or not these individuals are placed in a state of vulnerability. To identify or confirm the suspected risk factors underlying a health condition, professionals must determine the social determinants specific to each individual. This can be achieved through the collection of a social history and the development of a social case study of the illness. Only in this way can appropriate advice be provided, the most effective interventions implemented, and individuals referred to the services best suited to support them - thus facilitating access to those services. Failure on the part of the professional to identify hidden social challenges, or a patient's unwillingness or deliberate concealment of information, may lead to the misidentification of the cause of suffering and, consequently, to incomplete or ineffective interventions**.** For example, a patient admitted with acute pelvic pain who, out of fear or shame, does not disclose an act of violence may receive treatment that is inappropriate or less effective. Similarly, an inaccurate or incomplete social history may compromise the treatment plan - for instance, if a patient cannot afford prescribed, high-cost medications, the therapy may fail, with all ensuing consequences. Studies indicate that a significant proportion of general practitioners are unaware of their patients' lifestyles, diets, harmful habits, exposure to risk factors, income levels, or family support, even for patients they

have monitored for years (Bloch et al., 2011). Furthermore, only a small number of women - including pregnant women - who are admitted to healthcare facilities with signs of violence or even fractures are ever asked about prior abuse. Recent clinical guidelines therefore encourage medical and social professionals to exercise sensitivity and discernment regarding the possible connection between clinical symptoms and their underlying causes, as well as to pay attention to patients' nonverbal cues.

Experts note that the first step in addressing often hidden social problems is to ask patients or clients about potential social challenges in a sensitive and culturally appropriate manner. An increasing number of clinical tools have been developed to help frontline practitioners ask about issues such as unemployment, food insecurity, and discrimination; as well as taboo topics like physical and sexual violence and a history of psychological trauma. These tools also explore factors that can further complicate care, such as low literacy, legal or immigration difficulties, fears related to healthcare, or barriers to scheduling appointments and examinations. For example, a simple screening question such as "Do you ever have financial difficulties before your next paycheck?" has been shown to be 98% sensitive and 64% specific in identifying patients living below the poverty line (Andermann & CLEAR Collaboration, 2016; Brcic, 2011). It is essential that such questions be asked appropriately - with care and empathy, but without pity.

Once a "social diagnosis" has been established, "social prescribing" involves connecting patients with various support resources within the healthcare or social welfare systems. Depending on the specific needs of the individual, these may include different types of social services, housing advocacy organizations, employment agencies, or support and self-help groups. A randomized controlled trial conducted in the United Kingdom involving 161 patients identified in primary care as having psychosocial problems found that referral to community-based social support services reduced patient anxiety and improved their overall perception of health, compared to standard care provided by general practitioners (Grant et al., 2000). Social workers in healthcare settings often act as patient advocates. When a social problem is accurately identified as a convincing cause of the patient's health condition, the social worker may contact the relevant agencies, representing the patient's interests and working toward their well-being. These may include social assistance agencies providing material or financial support, organizations delivering social services, housing agencies, legal aid offices, and educational institutions. Social work with such a focus aims to mobilize the patient's

strengths to cope with difficulties, utilize community resources effectively, ensure the highest possible quality of life, and prevent the deterioration of health.

An analysis of publications in scientific literature indicates that, at the organizational level, four key dimensions have been identified:

1. Care addressing the effects of social inequality**,**
2. Care focused on overcoming trauma and violence**,**
3. Contextually responsive care**,** and
4. Culturally competent care**.**

Experts note that organizational-level changes and the support of healthcare institution leadership can strengthen their social responsibility and help marginalized individuals gain better access to health and social services, as well as navigate the system more effectively (Honeycutt, A. A., et al., 2024).

At the community level, access to healthcare can be improved for certain population groups who, for various reasons, are unable to receive timely, adequate, or high-quality medical care. Reducing barriers to care for disadvantaged groups can be achieved through the following approaches:

- Providing bus tickets and childcare services to facilitate medical appointments;
- Documenting patients' language preferences, identifying the language skills of practitioners, and offering translation services;
- Extending clinic hours and locating clinics closer to where people live and work;
- Ensuring a welcoming and culturally safe environment for treatment;
- Setting goals and financial incentives for healthcare professionals to meet performance standards and improve outcomes;
- Creating opportunities to deliver healthcare services beyond clinical settings, such as through partnerships with local schools, community groups, and religious organizations.

Patient experience studies and the establishment of patient advisory councils can provide valuable insights to enhance clinical practices, making them more accessible and responsive to patients' needs. Individuals living in remote or hard-to-reach areas, as well as patients with limited mobility, may require even more integrated and proactive approaches - such as assertive community outreach, mobile follow-up programs, and individual specialists working in patients' homes. Such measures can be further supported by healthcare systems. For instance, financial subsidies for primary care professionals

providing services to vulnerable groups can encourage high-quality care and offset the costs associated with the higher frequency of health deterioration and the need for specialized medical services (Vrtikapa, K., 2025).

At the community level, the emphasis should primarily be placed on preventive measures that can produce long-term effects.

Examples of good practices include the establishment of affordable day-care centers for children and older adults, the creation of early childhood education opportunities, the implementation of school-based violence prevention programs, the increase of parks and green spaces, the organization of outdoor sports and community events, the ban on vending machines selling sugary beverages, the development of bicycle lanes, and the introduction of farmers' markets, among many others.

Table 1

Levels of Intervention on the Social Determinants of Health

Level of Intervention	Goal / Focus	Examples of Activities and Interventions
Individual	Identifying and addressing the social risks of the specific patient/client	• Collecting a social history (social anamnesis). • Developing a social case history of the illness. • "Social prescribing" to connect with social services, housing agencies, and employment organizations. • Support in accessing treatment, medication, and resources. • Work with vulnerable groups: older adults living alone, single mothers, refugees, and homeless individuals.
Organizational	Improving practices within health and social institutions and promoting social responsibility	• Care focused on addressing the effects of social inequality. • Trauma- and violence-informed care. • Contextually adapted and culturally competent care. • Institutional leadership support within healthcare facilities. • Development of clinical guidelines and staff training.
Community	Reducing barriers and improving health through social and infrastructural support	• Providing transport and childcare services. • Translation and language programs. • Accessible healthcare services within the community. • Preventive programs: early childhood education, day centers, sports, and cultural initiatives. • Integrated health services: mobile clinics, collaboration with schools and

		religious organizations. • Financial incentives for healthcare professionals working with vulnerable populations.

The number of clinical decision aids, practice guidelines, and other tools that assist healthcare professionals in identifying social determinants of health in their daily practice is steadily increasing. Clinical guidelines have been developed and published for specific populations, including individuals from diverse ethnic backgrounds, Indigenous communities, immigrants and refugees, people with different sexual orientations, pregnant minors, and persons with disabilities. In academic literature, a range of clinical practice guidelines and tools have also been developed and disseminated, focusing on specific domains of action related to social determinants, such as poverty, food insecurity, housing instability, adverse living conditions, mental health issues, alcohol abuse, substance dependence, child maltreatment, intimate partner violence, and elder abuse. Additional guidelines for healthcare professionals promote broader efforts to create supportive environments for health, including: *Local Actions on Health Inequalities*; *Promoting Health Equity: Systematic Reviews in the Community Guide*; *Resources to Help Communities Address the Social Determinants of Health*; and *THRIVE: A Community Tool for Health and Resilience in Vulnerable Settings.* The growing body of publications in this field demonstrates how educational and clinical tools are transforming healthcare professionals' knowledge, attitudes, and skills enabling them to better support patients, engage communities, and advocate for social change (McCarthy et al., 2022).

3 CONCLUSION

The social determinants of health exert a profound influence on the well-being of individuals and communities. The impact of socio-economic factors on health is moderated by protective factors such as social support, self-esteem, and self-efficacy. Effective intervention requires a multilevel approach - at the individual, organizational, and community levels - and integration between social and healthcare services. Social prescribing, early identification of vulnerabilities, and the support of marginalized groups have been proven effective in improving health outcomes and quality of life. A sustained focus on social determinants and the empowerment of individuals, combined with

systemic-level interventions, can reduce health inequities and contribute to a longer, healthier, and more equitable life for the population.

4 KEY FINDINGS

- The social determinants of health have a significant impact on health outcomes, as factors such as environment, income, education, housing, and social support shape both the risk of disease and its progression.
- Individual protective factors can mitigate the negative effects of adverse socioeconomic conditions, with social support, self-esteem, and self-efficacy playing a crucial role.
- Taking a detailed social history and identifying hidden social issues are critical for effective clinical and social interventions. Insufficient information about a patient's social circumstances can lead to misdiagnosis or inadequate care.
- Social prescribing and the active linkage of patients with community resources improve psychosocial well-being and overall perceptions of health.
- Interventions must be implemented at three levels - individual, organizational, and community - to ensure a comprehensive impact on the social determinants of health.
- Organizational measures focused on cultural competence and contextually adapted care support marginalized groups and enhance access to healthcare and social services.
- Community-based strategies for prevention and accessibility - such as educational programs, green spaces, affordable day care centers, and mobile health services - have long-term positive effects on public health and social resilience.
- Clinical tools and guidelines for identifying social determinants strengthen the competence of healthcare professionals and promote effective actions toward improving health equity.
- Transforming the social determinants of health is a multisectoral and complex process that requires collaboration among healthcare, social, and community institutions, alongside political and financial support.

ACKNOWLEDGEMENT

This study is financed by the European Union-NextGenerationEU, through the National Recovery and Resilience Plan of the Republic of Bulgaria, project № BG-RRP-2.013-0001.

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Authors' Contribution

Both authors contributed equally to the development of this article.

Data availability

All datasets relevant to this study's findings are fully available within the article.

How to cite this article (APA)

Bratoeva, E., & Sabev, N. (2025). HEALTH DETERMINANTS – SOCIAL SPECTRUM, SIGNIFICANCE AND EMPHASIS. *Veredas Do Direito*, 22(4), e223440. https://doi.org/10.18623/rvd.v22.n4.3440