

## Chapter 3

# The Determinants of Health: Social, Structural, and Political Contributions to Health–Related Outcomes

**Molly Jacobs**

*East Carolina University, USA*

**Fatima Jebahi**

*East Carolina University, USA*

**Charles Ellis**

*East Carolina University, USA*

### ABSTRACT

*The determinants of health have received substantial attention in the medical literature as recent evidence has shown that they play a vital role in general health and health-related outcomes. Despite the advancing literature, the field of communication sciences and disorders (CSD) has been slow in both the consideration of the determinants of health as well as the measurement of commonly known determinants believed to influence clinical outcomes. The goal of this chapter is to explore the determinants of health and potential relationship to the study of communication disorders and the outcomes being measured.*

*“Health is a state of complete mental, social and physical well-being, not merely the absence of disease or infirmity.” – World Health Organization, 1948*

### INTRODUCTION

Good health hinges on a complex array of genetic and environmental factors some of which are beyond the control of the individual. Although beyond the individual's total control, the presence of good

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health allows one to live long and fulfilled lives. Yet many individuals do not consistently experience good health thereby resulting in disparities in health and health-related outcomes. Longstanding, health disparities remain a major health-related issue in the US. The synergistic effects of well-established social, structural and political systems (determinants) underlie many of the health disparities that exist worldwide. To date little, if any, consideration has been given to the contribution these same determinants have made to outcomes in the field of communication sciences and disorders (CSD) and the disciplines of speech-language pathology and audiology (SLP/Aud). More specifically, little is known about how the determinants of health impact disparities in rehabilitative outcomes in fields like CSD. This chapter will explore the determinants of health in general and establish a link to the field of CSD to identify strategies to close the disparity gap in health-related outcomes that currently exists in the field. The goal of this chapter is to introduce CSD researchers and clinicians to the determinants of health that drive health disparities and negatively impact clinical outcomes in the field. Traditionally research and clinical practice patterns in the field of CSD emphasize clinical measurement approaches that do not consider the impact of social and structural determinants of health on clinical outcomes. The chapter will conclude with a summary of strategies that have been utilized in other fields to reduce the impact of the determinants of health that might be considered in the field of CSD.

## **BACKGROUND**

### **Vulnerable Populations**

“Good health” is not a promise to everyone. In fact, some population groups experience far worse health-related outcomes than others. Individuals in these groups are more “vulnerable” to experiencing poor health outcomes which result from an array of factors that operate both additively and synergistically. **Vulnerable populations** are those individuals from disadvantaged communities that frequently experience worse health-related outcomes and require specific ancillary considerations to improve their health (Healthy People, 2020, n.d.). The populations are vulnerable to worse health-related outcomes because of decades of social, political and institutional forces that prohibit achievement of optimal population health. These focuses can include but are not limited to lack of insurance, lack of access to regular preventive specialty and care, geographic distance to services, limited health literacy, systemic racism among providers and within healthcare institutions, lack of cultural competence among providers and longstanding mistrust issues related to providers and healthcare systems. These communities may be defined by race/ethnicity, economic disadvantage, residence (rural vs urban), sex/gender identity and persons incarcerated. In addition to the financial and social disadvantaged associated with their sociodemographic characteristics, individuals from vulnerable populations are most likely to experience worse and negative health-related outcomes.

#### **Race/Ethnicity**

There is substantial evidence that black, indigenous and people of color (BIPOC) experience worse health-related outcomes (Healthy People, 2020, n.d.). For example, BIPOC have higher rates of infant mortality and premature death, higher chronic disease rates and shorter lifespans than whites (Centers for Disease Control and Prevention, 2011). Chronic diseases (e.g hypertension, heart disease, cancers, etc)

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