



Social Determinants of Health: Exploring the Interconnectedness of the Social Environment and Individual and Population Health Outcomes – A Call for Policy Intervention

Ovith Thiyagalingam

Founder and Lead Policy Analyst

Students for Human Rights Action (SFHRA)

Students for Human Rights Action is an online human rights research hub founded by Ovith Thiyagalingam, who is a Smith School of Business at Queen's University Bachelor of Commerce graduate.

Introduction:

While people relish the belief that an individual can control one's own life, the harsh reality of population health is that individual health outcomes are influenced by the type of social environment to which people are exposed. The social environment can be defined as "the sociodemographic composition of the neighborhood and its residents, as well as the relationships, groups, and social processes that exist among individuals living in the neighborhood" (Kepper et al., 2019). As such, social environments that entertain the presence of childhood trauma and/or racial and gender discrimination promote adverse health consequences. With those subjected to these living conditions having limited choices regarding their health, the poor individual health outcomes impact the population's ability to manage its well-being, as it is the collective health of the individuals that make up the population's health.

Childhood Trauma

First, newborn children cannot choose the conditions of the social environment to which they are born, with attachment failure and chronic exposure to the stress response leading to childhood trauma that eventually draws people to the adoption of health compromising coping mechanisms like alcohol consumption and psychological disassociation. The attachment developed between a child and a parent is key to the child's learning, development of a sense of self, and development of a feeling of positivity towards the world (Fergus, 2021). In contrast, attachment failure may result in a child's low perception of oneself and an excessive neediness, thus leading to the identified addiction or psychological disassociation issues (Fergus, 2021).

Addiction and Substance Use Disorder

Introduced in journalist Travis Lupick's book, *Fighting for Space: How a Group of Drug Users Transformed One City's Struggle with Addiction*, Bud Osborn is now considered a pioneer of North America's first harm-reduction programs but was once a victim of a social environment that led him down a path of addiction and substance use disorder (Lupick, 2018). As a product of his environment, Osborn did not have the choice of developing relationships with any of the parental figures in his life. Associating this attachment failure with his own perceived lack of self-worth, Osborn turned to alcohol and later to heroin as reprieves from his life. Deprived of the choice of forging positive relationships with parents, many people born into poverty and less-than-ideal living conditions suffer both psychologically and physically because of the lack of choice. According to Lupick, in 2016 there were an estimated 64,000 fatal drug overdoses across the United States and 70% of the deaths were attributed to heroin and similar drugs (Lupick, 2018). Therefore, the social environments to which people are exposed, especially as children, increases the likelihood that people will become substance users which in turn can have serious health consequences for those individuals.

Psychological Disassociation

Further, Lupick's book introduces psychological disassociation as another coping strategy connected to attachment failure-related childhood trauma. Born in Budapest, Hungary in 1944 to Jewish parents, Gabor Maté experienced attachment failure and feelings of abandonment and low self-esteem when his mother gave him away to a stranger. Maté grew up to become

addicted to work as a way of disassociating from his own life and past trauma. Despite being a different form of addiction, the National Center for Biotechnology Information still recognizes over-working as a health-compromising coping mechanism associated with negative mental health outcomes like burnout and depression (Atroszko et al., 2020). Additionally, these unaddressed mental health needs of individuals can have a negative influence on homelessness, poverty, and employment among other social determinants of health (Tacoma-Pierce County Health Department, 2016), all of which are proven to have some of the greatest influences on a population's health (Fergus, 2021).

Altogether, the propensity of certain types of social environments to encourage health-compromising coping mechanisms, like substance use disorder and psychological disassociation, means that where and how one grows up is for the most part an uncontrollable social factor influencing both the health of individuals and populations.

Racial and Gender Discrimination

In addition to childhood trauma and the related health-compromising behaviours, people cannot control the behaviours of others, with racial and gender discrimination in the social environment leading to less optimal health outcomes for racialized groups and women.

Racial Discrimination

First, racism is a product of one's social environment and is harmful to population health. According to the article, *Oppression: A Social Determinant of Health*, “[although] racism is demonstrated in individual and systemic actions or inactions, it is more deeply rooted at the systemic level because the power to make decisions, to take collective action and to allocate resources resides at this level” (Etowa & McGibbon, 2012). While it may be easier to recognize individual instances of racial discrimination, racism is often deeply embedded in the structural foundation of social environments. For example, Lupick identifies that the post-colonization living standards of Indigenous people on reserves are poor, with the historical neglect of Indigenous communities by the Canadian government and persisting negative social attitudes towards Indigenous groups leading to elevated levels of Indigenous alcohol and drug consumption (Lupick, 2018). Some may argue that Indigenous people can choose not to partake in these health compromising behaviors, but the degradation of Indigenous cultures and lack of respect given to Indigenous people by the surrounding social environment have limited Indigenous people's choices for ways of coping with their hardship.

Additionally, instead of recognizing individuals in need of medical and health assistance, law enforcement has failed racialized groups and Indigenous people who are at a particularly high risk of imprisonment relative to Caucasians. As Ann Livingston recalls in Lupick's book, a drunk Indigenous woman who had been threatened by police officers to be taken to jail was instead released after she name-dropped Ann's mother, which indicated to the officers that she had an affiliation with a “more respectable” white family. Indigenous offenders are reportedly more likely to receive imprisonment sentences if convicted of a crime, and Indigenous people are currently the most over-represented group in the Canadian criminal justice system (Loppie et al., 2014). Racism at the structural level extends beyond the individual and is

perpetuated against entire groups of people, with the effects being felt by racialized populations through many generations.

Gender Discrimination

Further, gender discrimination is another product of the social environment that is harmful to the health of individuals and populations. Promoting gender equality in access to health resources, education, employment, and political participation are all key to maintaining the well-being of populations (Low & Binns, 2016). Despite the importance of gender equality, however, socio-cultural practices and deep-rooted social bias against women have contributed to the strong prevalence of gender inequality both within and outside healthcare systems. While Canadian laws have slightly improved to better reflect the equal rights of women, Lupick identifies that the abortion laws in both Canada and the United States up until the 1960's prohibited women from having abortions (Lupick, 2018). Women were forced to have illegal abortions during which they were at a high risk of infections, procedure-related complications, and other direct health consequences. A woman's choices then, were limited to either keeping the child or going forward with an illegal procedure with a high risk of complications.

Why bring up something from the past if abortions are now legalized in Canada? In addition to several countries banning abortions altogether, several U.S. states were seeking to significantly curtail a woman's ability to have an abortion in as recently as 2019 (Zolot, 2019). The curtailing of a woman's right to have an abortion is especially significant as up to 13% of maternal deaths globally are attributable to secretly performed or unsafe abortions (Zolot, 2019). Being born in a country or state where the social environments prohibit abortions or have pervasive and structural gender discrimination unfairly disadvantages those individuals while also harming the health of the collective population.

Ultimately, both racial discrimination and gender discrimination are uncontrollable social environmental factors that unfairly dictate public health outcomes.

Demanding Policy Change

While the social environment in which one is born or raised may not necessarily be within the realm of an individual's control, governments must work incessantly to institute public policy changes that seek to alleviate the harm one's social environment can have on their individual health and the health of the overall population. Leveraging upstream thinking, which is to focus on what may be making people sick or affecting their health in the first place (Fergus, 2021), governments must bring about the adoption of policy solutions like universal childcare and basic income guarantees. Given the detrimental effects of social environment-induced childhood trauma and racial and gender discrimination on population health, governments have a crucial responsibility to ensure that through policy intervention, all people have at least adequate access to essential resources like income and housing regardless of one's social environment. Ultimately, the social environment is a significant social determinant of individual and population health outcomes and a government focus on upstream policy intervention will improve health outcomes for all.

References

- Atroszko, P. A., Demetrovics, Z., & Griffiths, M. D. (2020). Work Addiction, Obsessive-Compulsive Personality Disorder, Burn-Out, and Global Burden of Disease: Implications from the ICD-11. *International Journal of Environmental Research and Public Health*, *17*(2), 660–. <https://doi.org/10.3390/ijerph17020660>
- Etowa, J., & McGibbon, E. (2012). Race and Racism as Determinants of Health. In E. McGibbon, *Oppression: A Social Determinant of Health* (pp. 73-88). Fernwood Publishing.
- Fergus, S. (2021). *Module 2: Determinants of Health* [Lecture Video]. onQ. <https://stream.queensu.ca/hapi/v1/contents/permalinks/NXCJEPTN/view>
- Fergus, S. (2021). *Module 7: Child Development, Education, and Health* [Lecture Video]. onQ. <https://stream.queensu.ca/hapi/v1/contents/permalinks/NSQHDNYU/view>
- Fergus, S. (2021). *Module 12: Democracy, Political Change, and Health* [Lecture Video]. onQ. <https://stream.queensu.ca/hapi/v1/contents/permalinks/ELIONAVI/view>
- Kepper, M. M., Myers, C. A., Denstel, K. D., Hunter, R. F., Guan, W., & Broyles, S. T. (2019). The neighborhood social environment and physical activity: a systematic scoping review. *The International Journal of Behavioral Nutrition and Physical Activity*, *16*(1), 124–14. <https://doi.org/10.1186/s12966-019-0873-7>
- Loppie, S., Reading, C., & Leeuw, S.d. (2014). *INDIGENOUS EXPERIENCES WITH RACISM AND ITS IMPACTS*. National Collaborating Centre for Indigenous Health. <https://ereserves.library.queensu.ca/ares/ares.dll?Action=10&Type=10&Value=147720>
- Low, W. Y., & Binns, C. (2016). Gender Issues and Public Health. *Asia-Pacific Journal of Public Health*, *28*(2), 104–106. <https://doi.org/10.1177/1010539516637705>
- Lupick, T. (2018). *Fighting for Space: How a Group of Drug Users Transformed One City's Struggle with Addiction*. Arsenal Pulp Press.
- Tacoma-Pierce County Health Department. (2016). *Unattended Mental Health's Impact on Society*. Retrieved from <https://www.tpchd.org/home/showpublisheddocument/664/636427057087700000>
- Zolot, J.P. (2019). How Will Recent Abortion Legislation Affect Women's Health? *American Journal of Nursing*, *119*(8), 15. <https://doi.org/10.1097/01.NAJ.0000577384.68834.aa>