



SOCIAL DETERMINANTS OF HEALTH

Through an increased understanding of the Social Determinants of Health, judges and court leaders can be more aware of how social context affects families and are able to have a more comprehensive picture of the barriers and limitations to resources and supports that court-involved families experience.

The Constitution of the World Health Organization defines health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”¹ While access to quality medical care is critical to good health, medical care itself accounts for only 10-20% of health outcomes for populations.² The Social Determinants of Health (SDOH) are of more influence, impacting 80-90% of health outcomes.³

The SDOH is a place-based framework that extends beyond individual health behaviors to the social, physical, and environmental factors⁴ that can have a causal role in health outcomes.⁵

The Centers for Disease Control and Prevention (CDC) defines the SDOH as the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning and quality of life outcomes and risks. The Social Determinants are the non-medical conditions that impact physical, mental, and social well-being.⁶

Identifying and understanding the direct and indirect impact of the SDOH on outcomes helps communities select strategies that create conditions where individuals, children, and families thrive.

Social Determinants of Health Domains⁷

Economic Stability

The connection between financial resources and health, including key issues such as employment, income, expenses, and debt.

Education Access and Quality

The connection between learning and development and health and well-being, with a focus on literacy, language, early childhood education, and higher education.

Healthcare Access and Quality

The connection between people’s access to and understanding of health services and their health, including key issues such as access to primary care, health insurance coverage, and health literacy.

Neighborhood and Built Environment

The connection between where a person lives and their health and well-being, with a focus on quality and availability of housing, access to transportation, water quality, and neighborhoods free of violence.

Food Security

Physical, social, and economic access to adequate and healthy food.⁸



RISK FACTORS

Characteristics that may increase the likelihood of experiencing a negative event.



PROTECTIVE FACTORS

Characteristics associated with lower likelihood of negative outcomes or that reduce the impact of a risk factor.



The SDOH and Risk of Child Maltreatment

The SDOH coincide with individual, family, and community risk and protective factors for child maltreatment. When the SDOH are deficient, risk factors for child maltreatment may exist, namely, isolation, poverty, and limited educational and employment opportunities. When the SDOH are addressed, they can become protective factors against child maltreatment, such as steady employment, social support networks, and safe and stable housing.

Addressing structural factors and inequities across the SDOH and improving community supports can prevent families from experiencing the adverse conditions that increase the likelihood that they will come into contact with the child welfare system.

The SDOH as Drivers of Health

Across the SDOH, one of the greatest influences of health is where a person lives and works. Housing, education, support services, access to healthcare, and opportunities for employment are all directly related with neighborhood.⁹

Low-income neighborhoods, especially high-poverty minority neighborhoods, are more likely to have social and environmental conditions that expose residents to multiple social risk factors that contribute to poor health outcomes.¹⁰

Middle- or high-income neighborhoods with economic opportunities, access to medical care and mental health services, and strong social connections, are likely to experience conditions that promote, support, and sustain health.¹¹

Further, where people live often has generational ties. Those who have lived in neighborhoods with pervasive inequity are more likely to be “stuck in place” and less likely to have economic and social mobility opportunities.¹²

The Impact of Economic Stability on Physical Health, Mental Health, and Well-Being

Socioeconomic adversity impacts health and development across the lifespan and contributes to the generational transmission of disadvantage.¹³

- ▶ Children raised in high-poverty neighborhoods are more likely to become adults with low economic status.¹⁴
- ▶ The chronic stress of poverty can reduce psychological resources and cognitive functioning, impact long-term decisionmaking¹⁵, and cause developmental and mental health problems that can create an intergenerational cycle of poverty and poor health.¹⁶
- ▶ The stress of poverty can diminish access to social supports that might otherwise buffer stress.¹⁷
- ▶ A families’ social class is the greatest predictor of their child’s educational attainment.¹⁸
- ▶ Being uninsured is a barrier to accessing preventive healthcare, increases poor health, disability, and mortality rate, decreases annual earnings because of sickness and disease, and can result in an advanced stage of illness by the time a medical diagnosis occurs. The uninsured are typically poor, young and represent groups identified as racial and/or ethnic minority.¹⁹
- ▶ Low-income neighborhoods are less likely to have safe outdoor spaces for children to play.²⁰
- ▶ Children in low-income neighborhoods where their parents did not feel safe are over two times more likely to be obese.²¹

- ▶ For mothers with children in the child welfare system there is a significant relationship between perceptions of neighborhood danger, depressive symptoms, increased likelihood of harsh and negative parenting, and increased negative social-behavioral outcomes in young children.²²
- ▶ Perceptions about neighborhood safety can lead to increased feelings of powerlessness, mistrust, and social isolation.²³

Addressing Inequities in the SDOH

Distribution of resources across the SDOH and access to opportunities that promote healthy behaviors impact whether individuals, children, and families live in conditions that support, sustain, or undermine physical health, mental health, and well-being.

Unequal distribution of power and historical and present-day oppression of groups results in inequitable access to the resources necessary for health²⁴, thereby creating health inequities that unfairly impact groups and communities that have been marginalized.

Addressing inequities across the SDOH cannot happen within the confines of any one system – it requires multi-sector collaboration and targeted, place-based, community-driven solutions.

The Way Forward

The interaction between the SDOH and outcomes for families is complex, but it is possible to improve the trajectory of families facing risk factors that negatively impact health.

Efforts to address the underlying social conditions that impact health should take a multi-sector approach focused on transforming the structures, institutions, resource flows, policies, practices, and program decisions that have often systemically

oppressed and marginalized those most at risk of poor health outcomes and contributed to the conditions that increase risk and harm to children, families, and communities, particularly communities of color.

Courts are well-positioned to be conveners of the multi-sector approach, but the real power to change the conditions comes from the community and the entities providing services to them. The following steps offer recommendations for how multi-sector approaches can begin to address gaps and inequities in the SDOH.

1. Meaningfully Engage the Community

Collectively, those most impacted and closest to the issues have the expertise, wisdom, historical context, and knowledge of community strengths, resources, and challenges. Meaningful and authentic engagement of diverse community stakeholders helps to identify root causes and community-driven solutions. Taking an assets-based approach and focusing on the strengths of the community and its members recognizes the ability of individuals and communities to be drivers of change.²⁵

Building trust among stakeholders requires self-awareness, mindfulness, empathy, and shared decision-making,²⁶ which in turn requires sharing of information and vulnerability. Strong collaborative relationships take time to develop; however, community collaboratives that work to establish strong trusting relationships are better positioned to successfully tackle complex issues.

ENDNOTES

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UPSTREAM

Strengthening Children and Families through
Prevention and Intervention Strategies:
A COURT AND COMMUNITY-BASED APPROACH