Original Research Article

Moving Beyond the Social Determinants of Health

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Abstract

Academic interest in the social determinants of health has grown substantially in the past quarter century. In the past decade this academic engagement has been followed by greater public engagement with the conditions where we live, work, and play and how they affect our health. This moment of greater engagement with social determinants presents an opportunity for us to think about the determination of health more broadly, to look to a future beyond the social determinants. This would mean recognizing the full set of determinants of health across the lifecourse, spanning levels of influence, and including medical determinants to cure disease as much as we include the social forces that can prevent, or can cause that disease to begin with. Such a conception would have us see the determination of health as our central concern, and within that to recognize that health is produced throughout the lifecourse, by forces proximal and distal. The scholarship and practice of health can then usefully array itself around a conceptual framing that encompasses the full range of determinants of health.

Keywords

social deteminants, public health, scholarship

The past quarter century has been a period of tremendous increase in interest in the social determinants of health, culminating now perhaps in a journal bearing "social determinants of health" in its title. In 2000, the term "social determinants of health" was mentioned in PubMed about 200 times; in 2021 it was mentioned more than 6000 times, for a 30-fold increase. Even when one accounts for the increase in mentions of "public health", there has been a roughly 8-fold increase in use of the term "social determinants of health" in the medical literature. This represents a growth in interest in the term, translated into a growth in scholarship in leading journals. Figure 1 shows the growth in social determinants relative to public health over the past two decades.

But the use of the term "social determinants of health" has also grown beyond the scope of academic peer-reviewed publications. While the term was rarely used outside academic circles at the beginning of this century, it is now used widely in policy, public sector, and private sectors. In 2004, the term "social determinants of health" was trending as a Google search at around 3% of its peak interest; in 2019 it was rising closer to the height of its search interest with roughly 60% interest, for a 20-fold increase. Even when one accounts for the increase in mentions of "public health", there has been a roughly 19-fold increase in the search term "social determinants of health" trends across the United States from 2004 to 2019 (Figure 2).

That suggests, at a minimum, an awareness of the concept that is captured by the term, and, optimistically, an engagement with the ideas that the term aims to capture. At this moment of increased interest in social determinants of health it seems appropriate to pause and ask: what do we mean when we talk about the social determinants of health? and, does the use of this approach limit us as we look ahead to the next quarter century, aiming to advance our understanding of the health of populations?

What Are the Social Determinants of Health?

There are a wide range of definitions of the social determinants of health, but broadly speaking, all suggest that the social determinants are the conditions of our daily life, where we live, work, and play, that shape our health.[1, 2] Social ecological perspectives and lifecourse perspectives,[3–6] which are natural complements to the notion of social determinants, add to this that social determinants

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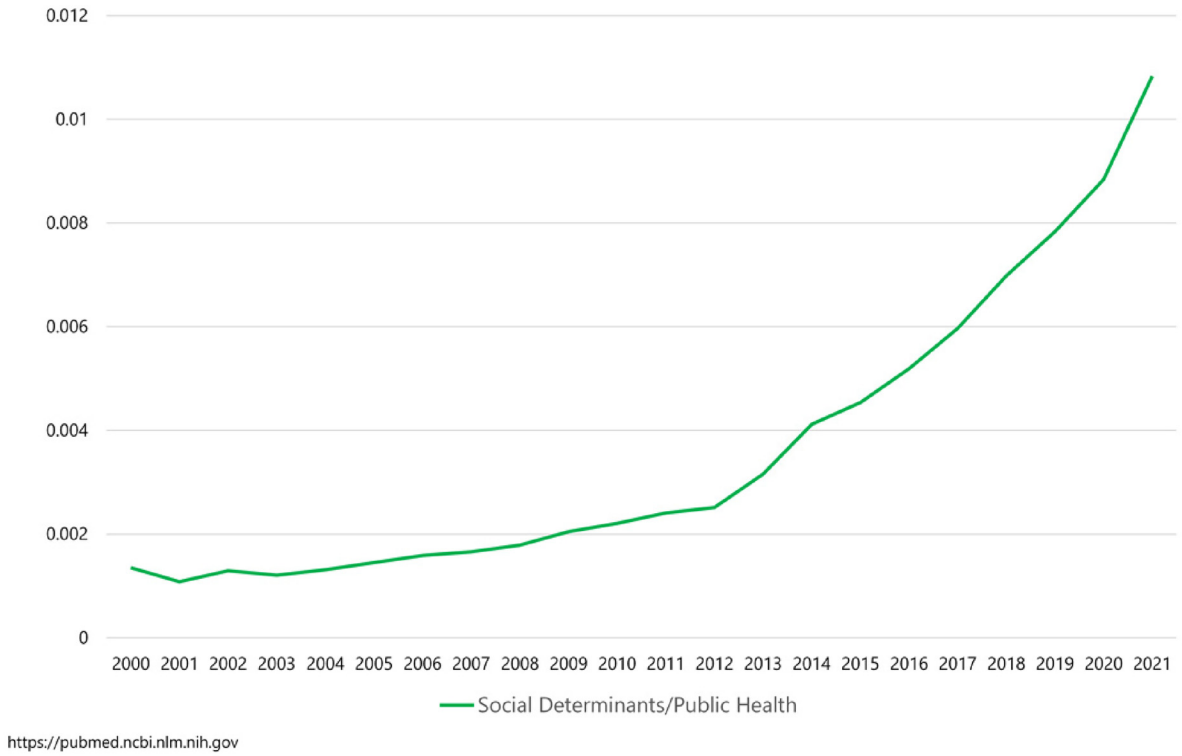

Figure 1. Mentions of social determinants of health as a proportion of mentions of public health in PubMed, 2000-2021.

influence our health throughout our lives, shaping the conditions within which we age, and that a full range of forces from our own proximal behaviors to more distal policies, all constitute social determinants of health. In other words, the social determinants of health represent *all* the determinants of health, except those that are typically in the medical domain, leading to the social determinants sometimes being referred to as the non-medical determinants of health.

The Rise, and Fall, and Rise Again of the Social Determinants

The rise in interest in the social determinants of health in the biomedical literature and in the public sphere represents a historical return to the roots of health, a collective effort to recalibrate after decades when health was focused almost exclusively on the medical determinants. Although public health efforts can be traced back thousands of years—Roman aqueducts were an effort to transport clean water into cities, avoiding water-borne illness—formal public health efforts started taking root in European countries in the mid-nineteenth century as an effort to bring health to cities during the industrial revolution.[7] These public health efforts were extraordinarily successful with life expectancy in high income countries essentially doubling over the past 150 years when previously it had been more or less stable at around age 40 for millennia of human existence. These early public health efforts therefore were concerned directly with what we now call the social determinants. They were concerned with ensuring drinkable water and clean air, with the reduction of random violence, with minimizing unduly harmful exposures to, for example, coal dust, and with the enactment of policies—most notably the Public Health Act of 1848 in England and Wales—to achieve a healthier country.[8] For all intents and purposes, it is hard to separate the work of health during this period from the work of the social determinants of health.

This changed with the advent of effective medicines towards the middle of the twentieth century. As curative approaches gained currency, health scholarship and attention began aligning with a biomedical approach, and the second half of the twentieth century saw the health conversation essentially dominated by a biomedical approach that dwarfed the more traditional public health approach. The relative prominence of biomedical terminology increased more than ten-fold in writing during this period, while attention to public health stagnated at best, decreased at worst.[9] The implications of this shift were dramatic for the health of populations, and were felt most acutely in the United States. Spending on biomedical research and health care soared, with the US spending far more than any other high-income country on its health. On the positive side the US became a

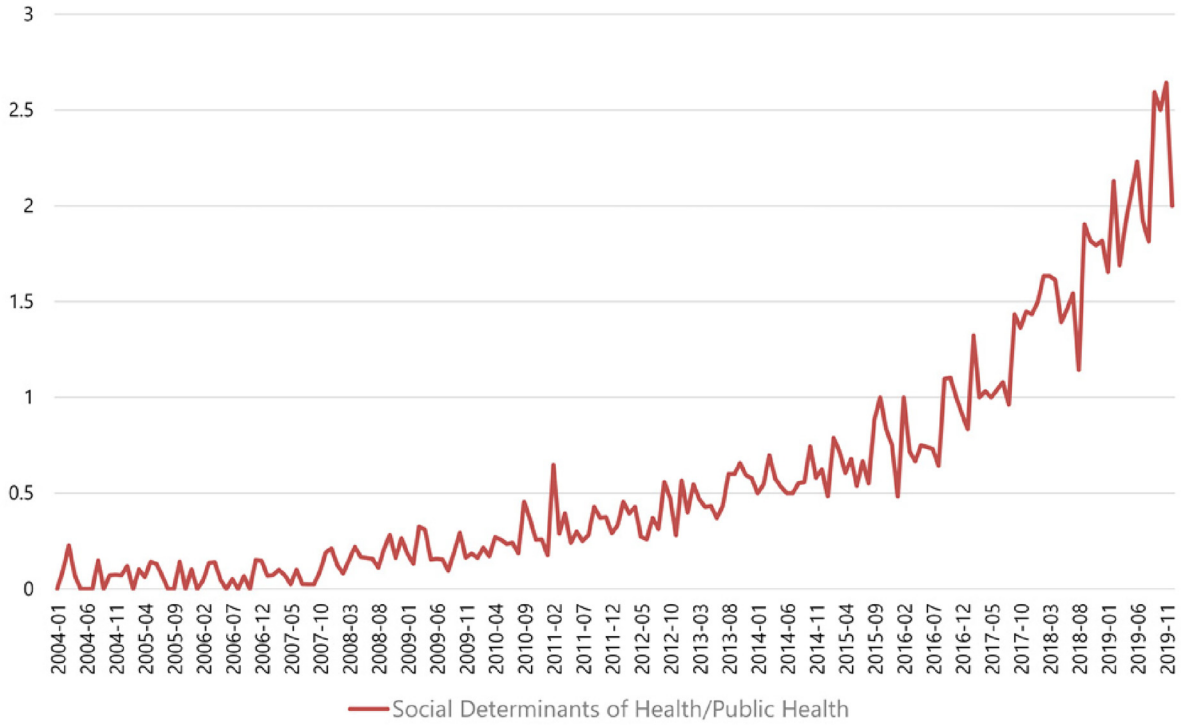

Figure 2. Google trends for "social determinants of health" as a proportion of "public health trends" from 2004 to 2019.
Note. Google Trends offers data on search trends, it shows when the peak searches of the term have occurred over time. Numbers represent search interest relative to the highest point on the chart for the given region and time. A value of 100 is the peak popularity for the term. A value of 50 means that the term is half as popular. A score of 0 means there was not enough data for this term. Data differences due to COVID occurs at 03-2020, before the interest value reaches peak popularity at 100, around the time COVID began to surge, so the Google Trend graphs end at 12-2019 for a strict year end.

world leader in high-technology medical care, reaching perhaps its apotheosis in the remarkably rapid development of vaccines for the COVID-19 pandemic. On the negative side, US health started losing ground when compared to other high-income countries. While the US was gaining in life expectancy compared to other high-income countries, its life expectancy started to decrease relative to peer countries, until Americans could expect to live sicker and shorter lives, by about 5 years, than other comparable countries.[10] In addition, the decreasing interest in non-medical approaches to health led to systematic disinvestment in public health, with year-on-year lower spending on the traditional approaches that had served public health well during the first half of the twentieth century.[11]

It is against this backdrop that, at the turn of the twenty-first century, there was a resurgence of interest in the social determinants of health. In light of progressively worsening health, and growing health gaps, in the US and other high-income countries, this resurgence was long overdue, and it paved the way for our return to a consideration of the non-medical, or "social" determinants of health, bringing us to the present. It is therefore at this moment when we have re-discovered the importance of social determinants, that is seems important to ask whether we simply wish to layer the notion of the social determinants of health on the medical determinants of health, or whether a different approach might be better. Do we want to move forward in the coming decades discussing both the non-medical ("social") and the medical determinants of health, or might we conceive of a different path forward?

A Focus on the Determinants of Health

I would argue that the moment when we have brought back social determinants to prominence in the scholarship and practice space, where social determinants have entered the broader public conversation, presents an opportunity cast how we think about the determination of health more broadly. This would mean moving beyond the notion of "social" and "medical" determinants to recognize the full set of determinants of health across the lifecourse, spanning levels of influence, and including medical determinants to cure disease as much as we include the social forces that can prevent, or can cause that disease to begin with. Such a conception would have us see the determination of health as our central concern, and within that to recognize that health is produced throughout the lifecourse, by forces proximal and distal, and the scholarship and practice of health can usefully array itself around such a conceptual framing that encompasses the full range of determinants of health.

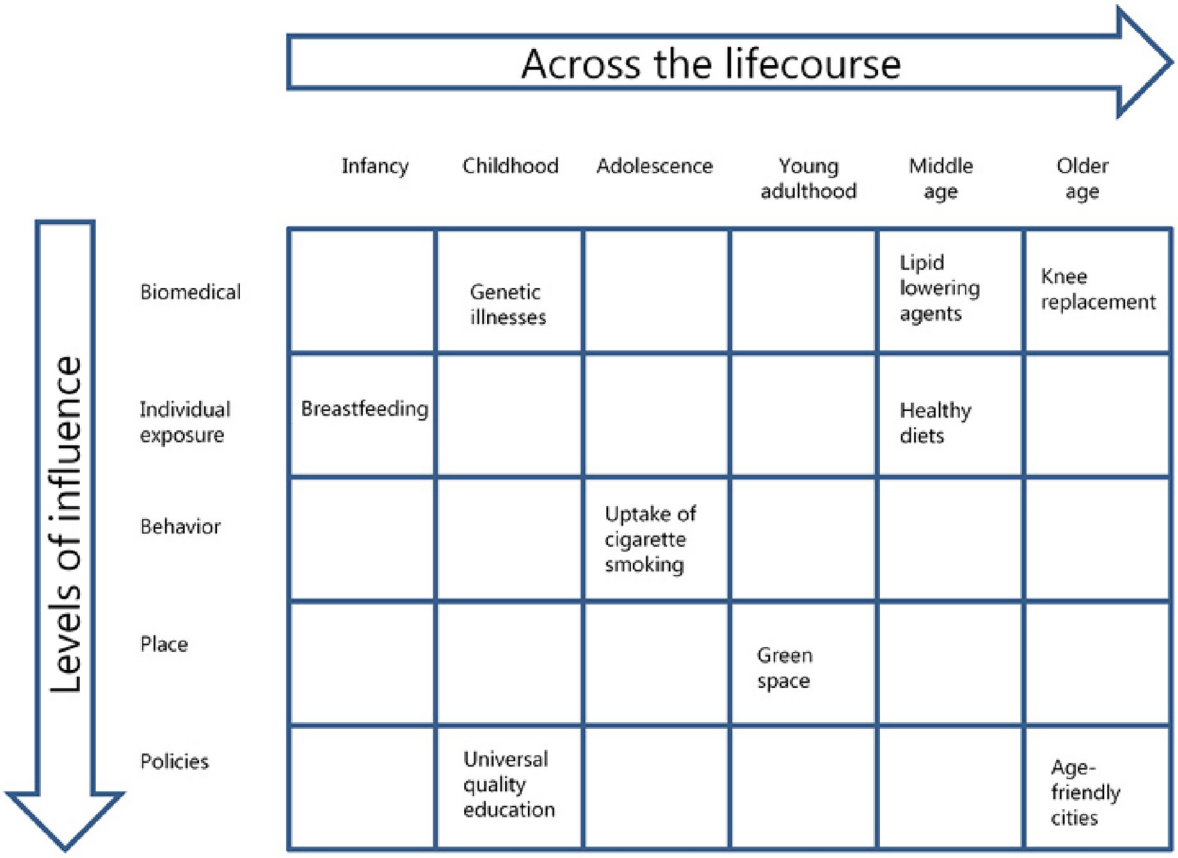

Figure 3. The determinants of health.
Note. Entries in the grid are intended as illustrative examples.

Figure 3 below offers one simple approach to thinking about the determinants of health in this manner.[12] The figure is not meant to supplant many very good conceptual frameworks that explain how social determinants influence health. Rather, it arrays the determinants of health at the intersection of lifecourse stages and levels of influence. For example, health in infancy is shaped by biomedical factors and also by exposures (eg, breastfeeding) and policies. Similarly, we can think of all the determinants of health within this rubric and examples for the determinants in some representative squares are provided in the figure. This approach obviates the need for distinction between social, or non-medical, and medical determinants and conceptually and practically suggests that we can approach the production of health, or the restoration of health when there is illness, within the same framework. There is nothing particularly radical about this suggestion, and others will undoubtedly improve on the conceptualization, but there are several reasons why we may want to adopt such an approach and move beyond the social determinants of health, much as we should move beyond the medical determinants of health in isolation. I suggest three such reasons.

First, by removing distinctions between the social determinants of health and the biomedical determinants of health we are obviating divisions in scholarship and practice. This does not mean that all scholars and practitioners of health will, or should, be doing everything represented in Figure 3. It does suggest however that we remove lanes wherein those interested in social determinants do not engage with biological determinants, and vice versa. It would push our intellectual inquiry to roam at the interstices of lifecourse stages and levels of influence, creating opportunities for innovation. And it encourages cross-level work, helping us understand for example how medical care may not yield the same results for the same age group is the relevant context is different because it explicitly embeds the medical care within the context in which it is received.

Second, such an approach allows us to consider the determinants holistically, recognizing that these determinants shape health overall as they do for different groups, pushing us to recognize that there is no conceptual distinction, for example, in grappling between the determinants of health and health equity. The concern with lagging health achievement, discussed earlier, coupled with a recognition that this has been accompanied by health gaps, has resulted in some conceptual challenges, pushing us into articulating "determinants of inequities", when, on reflection, we can recognize

that any of the determinants of health can create health for all groups or for one group, bringing about inequities.

Third, a unified approach to all the determinants of health allows us to fold into the framework the different role played by determinants in a global context. One of the challenges that the social determinants field has faced has been limited scholarship from low-income countries. However, the social determinants are perhaps even more important in countries where there remains a substantial health achievement gap compared to high-income countries. This has pushed the field, reasonably, to try to encourage social determinants work from low-income countries even as that may push aside more biomedical work, that may also be needed from these areas. A unified approach simply encourages us to promote the scholarship—and action—that can have the greatest return on investment in a particular context, without concern about whether it falls in one category or another, focusing us instead on what matters—that we understand the full set of determinants of health.

Looking to the Next Quarter Century

The reassertion of the social determinants of health as a key focus on scholarship and practice in public health represents a critical reclaiming of the forces that are central to the health of populations. This has been a welcome evolution, one that has emerged from the hard work of scholars and practitioners who spent decades chafing at the growing drift of population health away from a full set of determinants that can create a healthier world. And yet, if we now use this moment to reassert the centrality of social determinants as one more pillar of determinants, separate from "other" medical determinants we run the risk of losing momentum that can be generative for health. Certainly, in the post-COVID-19 moment it is not implausible that an overwhelming societal focus on vaccines and anti-virals will blot out interest in the social and economic conditions that made the pandemic so lethal. This therefore represents a good time to move beyond the "social" or "medical" determinants, and to push front and center the idea that health emerges across a lifecourse, from a full range of factors across levels of influence, and that all is in the lane of those interested in the health of populations. This should encourage scholars to focus on research of consequence in their respective context and practitioners to promote interventions with the best return on investment, all within one unified approach to the determination of health.

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