

Why Social (Political, Economic, Cultural, Ecological) Determinants of Health? Part I: Background of a Contested Construct

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Abstract

This article is the first half of a 2-part essay on the Social Determinants of Health (SDOH) as a field of scientific inquiry and theoretical framework, exploring its historical roots, current applications, and the controversies that surround it. Part I (this article) discusses the background and rationale of the SDOH framework, whilst part 2 (forthcoming) will analyze the current alternatives to this framework. The authors analyze the debate surrounding the contested term “social” in the field of health equity, through a clarification of the terms “social” and “social systems” and providing an alternative model through realist semantics and ethics. Despite the misunderstandings of the term “social,” the authors argue that SDOH remains a useful umbrella term to capture the political, economic, cultural, and ecological determinants of health. Through this essay, the authors outline the reasons behind our decision to change this journal’s title from *International Journal of Health Services* to *International Journal of Social Determinants of Health and Health Services*.

Keywords

SDOH, social determinants, theoretical framework, terminology

...the prime unit is not the verb, but the monosyllabic adjective. The noun is formed by an accumulation of adjectives. They do not say “moon,” but rather “round airy-light on dark” or “pale-orange-of-the-sky” or any other such combination. In the example selected the mass of adjectives refers to a real object, but this is purely fortuitous. From *Tlön, Uqbar, Orbis Tertius* by Jorge Luis Borges (1962)

When I use a word, Humpty Dumpty said in rather a scornful tone, ‘it means just what I choose it to mean—neither more nor less.’ The question is, said Alice, “whether you can make words mean so many different things.” The question is, said Humpty Dumpty, “which is to be master—that’s all.”
From **Through the Looking Glass** Lewis Carroll.

The scientific approach to social inequalities in health and the social determinants has a long preamble and a short text. From the work of early population health researchers such as Friedrich Engels or Salvador Allende, and many others beyond Europe and America, to the Black Report and the Whitehall studies, population health and social scientists have been building evidence on how social—that is, economic, political, and cultural—processes (eg, Benach and Muntaner¹) affect the health of populations.² The term

Social Determinants of Health (SDOH), used as well to explain health inequalities and health inequities,^{3–5} achieved wider recognition and scientific legitimation with the WHO Commission on the SDOH(WHO-CSDOH) 2008 report, *Closing the Gap in a Generation*.⁶ The report included reviews of the literature and analyses conducted by thematic Knowledge Networks of researchers from a wide range of countries in the 5 continents, although the ultimate responsibility remained with a British director (Sir Michael Marmot)

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and his team.⁶ After a series of widely circulated drafts that, among other issues, demanded a greater emphasis on politics and conflict theory, the Report was launched with evidence-based statements and generalizations on what a decade earlier were considered the major SDOH (eg, Wilkinson and Marmot³). Since then SDOH researchers have been introducing new determinants (eg, the welfare state, childhood adversity, global warming, commerce, emerging infectious diseases such as COVID-19, and nuclear war), yet most categorizations include maternal and child environment; education, urban, housing, and living conditions; neighborhood infrastructure and services; green spaces, transit, walkability; employment and unemployment, wages and working conditions; social protection, health equity, freedom from discrimination, rural and urban poverty, economic inequality, social participation and democracy, and old age social protection. Following the developments of the period, these SDOH were framed with life course,⁷ multilevel,^{8,9} and eco-social¹⁰ meta-theories. A great advantage of the original Commission's framework¹¹ was its inclusion of political determinants following recent attempts to do so,¹² and its declaration that social determinants were structured (related to each other and to health), marking a departure from "rainbow" models.^{13,14}

The Report's reception was mixed. Some quarters disliked that the WHO endorsed conclusions such as "Social injustice is killing people on a grand scale" and the second recommendation of the CSDOH report: Tackle the inequitable Distribution of Power, Money, and Resources, which stated that

In order to address health inequities, and inequitable conditions of daily living, it is necessary to address inequities—such as those between men and women—in the way society is organized. This requires a strong public sector that is committed, capable, and adequately financed. To achieve that requires more than strengthened government—it requires strengthened governance: legitimacy, space, and support for civil society, for an accountable private sector, and for people across society to agree on public interests and reinvest in the value of collective action. In a globalized world, the need for governance dedicated to equity applies equally from the community level to global institutions.

For example, the influential British newspaper *The Economist*, with a circulation of more than a million copies, ridiculed the CSDOH for allegedly "baying at the moon" and being politically naive.¹⁵ Other critiques came from friendlier fires: some Latin American public health scholars did not agree with specific elements of the report, especially its lack of theory, as in Breilh's Social Determination alternative¹⁶ and the ALAMES critique.¹⁷ One analysis of the report's strengths and weaknesses uncovered the missing reference to the Alma Ata declaration, a key precedent to the CSDOH report, and questioned why there was no comment on why the Alma Ata recommendations had not been implemented by member states.¹⁸ Some

members of the Commission, while praising the presentation of evidence of health inequities under global capitalism, emphasized the need for more policy proposals for eliminating inequities in future endeavors.¹⁹ In a defense of the SDOH approach, including the suggestion that the CSDOH should get a Nobel Prize, Vicente Navarro sharply noted that the report failed to identify who benefited from health inequities.²⁰ Indeed, the term "social class" appears only once in the report.²¹

Beyond this background under the leadership of the WHO, the term SDOH has been gaining popularity in recent decades, even before the CSDOH report, and continues to grow (see the article by Sandro Galea²² in the previous issue of this Journal). This is the pragmatic argument for the Journal's name.²³ If, as Lewis Carroll said, words mean different things and have their own master, we must avoid falling into power struggles and seek scientific arguments. SDOH has different meanings and usages, sometimes controversial, but always value-laden since public health is a social technology.²⁴ For example, we suggest substituting an unfortunate meaning, still common in reports and conferences, whereby SDOH becomes a list of individualized "risk factors," for a social meaning closer to that adopted by the WHO—CSDOH; an expanded historical approach that includes a diversity of economic, political and cultural (also ecological) relations, essential to determine the mechanisms that lead to health inequities. But we believe that, when using SDOH, there should be a deeper rationale, rooted in the philosophy of science, specifically in realist semantics (as opposed, eg, to the idealist semantics of J.L. Borges in the quotation above).

The definition of society or social system in sociology (the science of contemporary societies) and most social sciences (anthropology is an exception where "culture" is substituted for "society"²⁵) encompasses at least 2 individuals (what social psychologists called "the minimal social situation"^{26,27}) who are interacting/interdependent through some relation (ie, a social relation since this is a relationship between members of a society).^{28,29} In general, when we speak of society, we refer to large numbers of connected individuals and not to dyads, but it is important to remember that the adjective "social" or the terms "social system" can be used whenever we have a relationship between 2 or more individuals.²⁹ Given that a society (or social system) is composed of individuals, connected through social relations in some environment (eg, household, city, region, country, continent, etc.) or in short, $S = \{I + R + M + E\}$: Social System = {Individuals + Relations + Mechanisms¹ + Ecological environment}, the next problem is figuring out how to categorize or classify social relations. In that sense, the Weberian tradition in sociology, embraced implicitly by the discipline (ie, economic sociology, political sociology, and sociology of culture) distinguishes 3 major types of social relations: economic, political, and cultural. Economic relations involve relations of production, appropriation, and distribution of

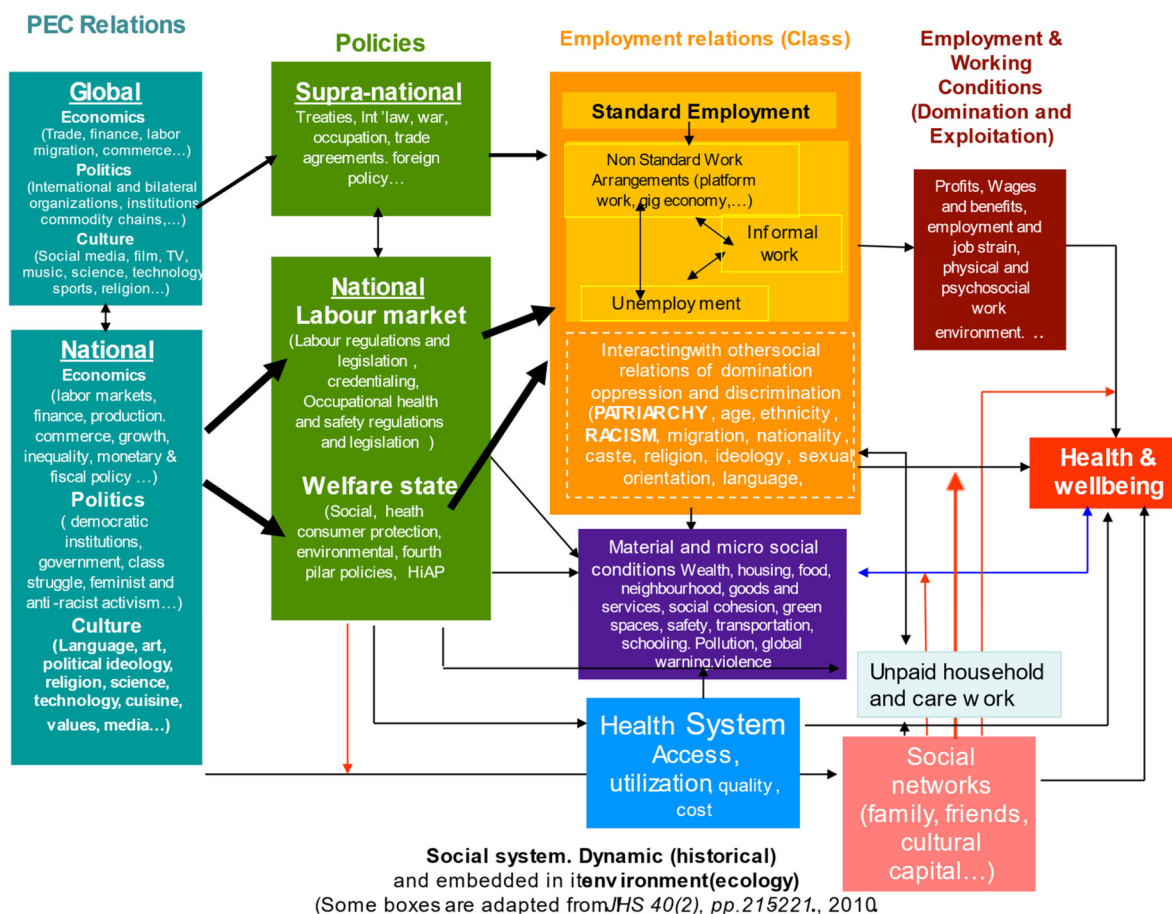


Figure 1. Representation of an SDOH system in the form of a global and national RPCS. The units of the system (individuals) are not represented. Only subsystems, relations, and some mechanisms, and their indicators are represented. Social relations at the Global and National levels are classified as PEC relations.

Abbreviations: SDOH, Social Determinants of Health; RPCS, racial patriarchal capitalist system; PEC, political, economic, and cultural.

goods and services³⁰; political relations (beyond the narrow use of “political relations” between countries) involve power relations, in particular, the constrained use of power between individuals³¹; and cultural relations are often defined by relations of equivalence (eg, speaking the same language) regarding knowledge, eg, science, technology, art, cuisine, religion, philosophy, values, ideology, etc.³² The complexity of a social system is further compounded by the interaction and simultaneity of social (economic, political, and cultural) relations at any given time. An example of interactions between cultural and political relations can be found in the influential sociological theory of Pierre Bourdieu.^{33,34} To illustrate the social embeddedness of economic, political, and cultural relations, Figure 1 provides an SDOH model of contemporary global racialized and gendered capitalism with a breakdown of economic, political, and cultural relations at the global and national levels. A similar breakdown could be performed at the institutional and microsocial levels, although such an exercise would require substantially more space. We believe that the rationale, rooted in the Weberian tradition, for using social as

an umbrella term that includes economics, power, and culture remains robust and most convincing. In Part 2 of this essay, we will review some alternatives to the SDOH framework.


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Note

1. A discussion of SDOH mechanisms (eg, Muntaner³⁵) is beyond the scope of this article.

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