SOCIAL DETERMINANTS OF HEALTH (SDOH): Social determinants of health (SDOH) are the overarching factors in society that impact health. Social determinants of health include:

• Secure employment, safe, bias-free working conditions and equitable living wages;

• Healthy environment, including clean water and air;

• Safe neighborhoods and housing;

• Food security and access to healthy food;

• Access to comprehensive, quality health care services;

• Access to transportation;

• Quality education; and

• Access to a social support network.

Inequities in access to social determinants of health are a result of structural racism, sexism, homophobia, transphobia, poverty,stigma, and other forms of oppression that are perpetuated by current social structures and institutions.

STRUCTURAL RACISM: The combination of public policies, institutional practices, social and economic forces that systematically privilege White people and disadvantage Black, Indigenous and other people of color. This term underscores that current racial inequities within society are not the result of personal prejudice held by individuals. Adapted from Aspen Institute and Bailey, Feldman, Bassett.

HEALTH DISPARITIES: The statistical difference in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States. USDHHS.

HEALTH INEQUITIES: Disparities in health that result from social or policy conditions that are unfair or unjust.

HEALTH EQUITY: Health equity is achieved when no one is limited in achieving good health because of their social position or any other social determinant of health. The goal of health equity is to eliminate health inequities that are avoidable and unjust through proactive and inclusive processes.

Examples of how social and structural determinants can impact our health include: (note: this is not an exhaustive list)

• Stigma and discrimination are pervasive within healthcare and social support service delivery systems and exacerbate health inequities. Explicit and implicit biases persist among health and social service providers related to HIV status, race/ethnicity, sexual orientation, gender identity and expression, age, mental health, socioeconomic status, immigration status, substance use, criminal justice involvement, and the exchange of sex for money, drugs, housing, or other resources; these result in stigma and discrimination in healthcare and are demonstrated barriers to uptake and sustained engagement in HIV prevention and care services.

• Other overlapping social and structural determinants of heath further exacerbate health inequities including housing status, food insecurity, poverty, unemployment, neighborhood conditions, mental health issues, domestic violence, sexism, homophobia, transphobia, ableism, agism, racism, and other complex and integrated systems of oppression. These social and structural determinants of health are barriers to achieving positive health outcomes.

• Culturally and linguistically appropriate services are one way to improve the quality of services provided to all individuals, which will ultimately help reduce disparities and inequities and achieve health equity. The provision of services that are responsive to the individuals first or preferred language, health beliefs, practices and needs of diverse populations, individuals and clients can help close the gaps in health outcomes. What is CLAS? - Think Cultural Health