

Addressing Social Determinants of Health in Urban and Rural Communities using Health Equity Policies

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DESCRIPTION

The concept of health extends beyond clinical care, encapsulating a range of social, economic, and environmental factors collectively known as the Social Determinants of Health (SDOH). These determinants include income, education, housing, employment, access to nutritious food, and more. In both urban and rural communities, disparities in these determinants contribute to significant health inequities. Addressing these disparities requires the implementation of robust health equity policies tailored to the unique needs of each setting. This article explores the role of health equity policies in addressing SDOH in urban and rural communities, highlighting challenges, strategies, and successful interventions.

The World Health Organization (WHO) defines SDOH as “the conditions in which people are born, grow, live, work, and age.” Access to quality education and literacy levels. Availability and affordability of medical services. Housing quality, transportation, and environmental safety. Social support, discrimination, and civic engagement. SDOH are intricately linked to health outcomes, with underserved communities often facing compounded disadvantages.

Urban areas are often associated with higher population densities, diverse populations, and greater access to resources. Wealth gaps create stark contrasts in access to housing, education, and health care. Environmental hazards such as air pollution, overcrowding, and lack of green spaces contribute to poor health outcomes. Although urban areas have more medical facilities, disparities in affordability and insurance coverage limit access for low-income populations. Fewer facilities and providers create barriers to timely care. Higher poverty rates and limited job opportunities exacerbate health disparities. Long distances to services hinder access to care and essential resources. These disparities necessitate targeted health equity policies to address the diverse needs of urban and rural populations.

Health equity policies aim to reduce disparities by addressing the root causes of SDOH. These policies are guided by principles of fairness, inclusivity, and systemic change. Improving Access to Resources ensuring equal access to education, health care, and economic opportunities. Tackling systemic issues such as racism, discrimination, and inequitable policies. Empowering communities to participate in policy development and decision making.

Economic policies can play a transformative role in reducing health disparities. Living wage laws, affordable housing initiatives, and urban renewal projects can alleviate poverty and homelessness in cities. Job creation programs, agricultural subsidies, and small business incentives support economic growth in rural areas. Education is a critical

determinant of health, influencing long-term opportunities and health behaviours. Policies that invest in early childhood education, improve public school funding, and address racial disparities in education can improve outcomes. Expanding access to broadband internet, offering distance learning programs, and incentivizing teacher retention in rural schools can bridge education gaps.

New York City implemented the “Health Equity Action Plan,” targeting underserved neighbourhoods. Opening neighbourhood health action centres to provide integrated services. Increasing access to fresh produce through urban agriculture projects. Addressing environmental health issues like air pollution in low-income areas.

Delta Regional Authority (DRA) Health Program supports health equity in the rural Mississippi Delta region by funding mobile health clinics to reach isolated communities, promoting workforce training programs to increase the number of rural health professionals, improving infrastructure for clean water and sanitation. Limited budgets hinder comprehensive implementation, particularly in rural areas. Health equity policies often encounter pushback due to ideological differences or perceived economic burdens. Lack of localized data on SDOH complicates the development of targeted interventions. Ensuring long-term sustainability of programs requires ongoing community and governmental support. Overcoming these challenges requires a concerted effort from policymakers, stakeholders, and communities. Leveraging Technology includes expanding telehealth, electronic health records, and health information exchanges can improve service delivery. Developing tailored policies that reflect community-specific needs and cultural contexts enhances effectiveness. Amplifying the voices of marginalized populations in policy-making ensures equitable outcomes. By adopting these approaches, health equity policies can drive systemic change and create healthier communities.

CONCLUSION

Addressing the social determinants of health in urban and rural communities is central to achieving health equity. While the challenges are complex, health equity policies provide a powerful framework to bridge disparities and ensure that all individuals have the opportunity to live healthy lives. By tailoring interventions to the unique needs of urban and rural settings, fostering collaboration, and leveraging innovation, policymakers can create a future where health equity is not an aspiration but a reality.

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