

Entry

Social, Cultural, and Economic Determinants of Well-Being

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Definition: Individual well-being is influenced by a number of economic and social factors that include income, mental health, physical health, education, social relationships, employment, discrimination, government policies, and neighborhood conditions. Well-being involves both physical and mental health as part of a holistic approach to health promotion and disease prevention. The well-being of a society's people has the potential to impact the well-being and productivity of the society as a whole. Though it may be assessed at the individual level, well-being becomes an important population outcome at the macro level and therefore represents a public health issue.

Keywords: well-being; racial trauma; discrimination; social relationships; socioeconomic status; mental and physical health; poverty



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1. Introduction

The term well-being is universally known but few may truly understand the impact of well-being on everyday life. Some may view well-being very simply as indicative of happiness and life satisfaction. Others may be unaware of the impact of well-being on health. Definitions of well-being vary based on socioeconomic status, education, nationality, gender, race/ethnicity, and political ideology. The World Health Organization defines positive mental health as a state of well-being in which the individual realizes their own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community [1]. It seems logical that having a purpose in life would add meaning to one's existence. That purpose could include the type of job a person is engaged in, or the nurturing of children, or possibly the care of a disabled loved one [2]. While there is no consensus definition of well-being, there appears to be a generally accepted agreement that well-being includes positive feelings [3]. In addition, there are a number of dimensions of well-being, including physical well-being, social well-being, emotional well-being, economic well-being, life satisfaction, psychological well-being, eudaimonic well-being, community well-being, and subjective well-being. Regardless of the definition used or the dimension measured, well-being is associated with a number of social and economic outcomes.

The concept of subjective well-being refers to how people experience and evaluate their lives, specific domains, and activities in their lives. Experienced well-being refers to people's feelings during a particular moment in life, whereas evaluative well-being represents a person's general assessment of their life based on recall of a particular period in their life. The two subjective measures of well-being are likely to provide different results compared to more objective measures, such as the gross domestic product (GDP).

Whether measured individually via subjective surveys, such as the WHO-5, or through the use of objective measures, such as GDP, household income, unemployment levels, or neighborhood crime, well-being metrics provide policy makers with important data for the development or discontinuation of social policies. Of greater importance is how the measurement, tracking, and promotion of well-being can be used in disease prevention

and health promotion. According to the Center for Disease Control, well-being has been found to be associated with the following [3]:

- Longevity,
- Self-perceived health,
- Healthy behaviors,
- Mental and physical health,
- Social connectedness,
- Productivity.

2. Well-Being: The Need to Understand How Macro-Level Factors Impact Micro-Level Outcomes

The aim of this entry is to provide the reader with an abundance of information and data regarding the impact of poverty, income, crime, housing, discrimination, employment, health, social relationships, and education on individual well-being. Citizen well-being is an integral aspect of societal well-being and should be considered a priority with regard to policies, programs, and services. As a public health issue, political leaders and those concerned about social welfare are challenged to address the macro-level factors impacting citizen well-being.

3. Why Is Well-Being Important as a Public Health Issue?

Well-being considers both physical and mental health as components in a holistic approach to disease prevention and health promotion. For public health purposes, physical well-being is important for overall well-being [3]. Assessments of well-being offer a valid population outcome measure that is different from morbidity, mortality, and economic status, since it tells us how citizens view their lives. Research indicates that positive well-being may function as a protective factor, reducing risks of disease, illness, and injury and enhancing the potential for increased longevity [3]. In addition to physical health benefits, well-being has been linked to professional and personal success via enhanced worker productivity, prosocial behavior, and creativity [2].

3.1. How Is Well-Being Assessed?

A number of studies have attempted to identify the determinants of individual and societal levels of well-being, and as one might expect, countries differ substantially in their levels of well-being. Economically, countries may be assessed from high to low income, developed or underdeveloped, trustworthy or corrupt, and responsive to the basic needs of citizens or not, all factors influencing societal as well as individual well-being. Cultural factors, such as individualism or collectivism and social norms, also play a role in national estimates of well-being. Assessments of well-being have generally occurred via the use of traditional metrics, such as individual surveys (happiness, life satisfaction), or global economic proxies, such as GDP. Ruggeri et al. proffered that the use of single markers for well-being might not be accurate or valid, thus suggesting the need to consider additional dimensions or categories [2]. GDP alone may not be a good measure for citizen well-being, as it is more of an indicator of a society's standard of living, and it does not address citizens' access to desired resources or the level of inequality within a given country. Consider that the United States was ranked number 1 for GDP in 2020 but number 14 among the happiest countries in the world. According to the 2021 World Happiness Report, life evaluations have been found to provide the most useful measure for global comparisons of well-being [4]. As an outcome of their research with 21 different countries, Ruggeri et al. investigated the need for a multidimensional survey of well-being to identify population sectors most in need of intervention via governmental policies and concluded that single dimension measures, such as life satisfaction, happiness, or GDP, were ineffective in identifying the needs of global citizens [2].

3.2. The Easterlin Paradox

According to the Easterlin paradox, higher incomes are associated with higher levels of happiness within a country, but average levels of happiness for a country do not appear to increase over time in conjunction with increases in average income [5]. The paradox was linked to an individual's practice of comparing their salaries to the salaries of others rather than GDP. It is certainly possible that a country's economic growth will not enhance individual well-being if there are high levels of income inequality, social inequality, corruption, and distrust. The Easterlin paradox has been challenged by a number of researchers, including Stevenson and Wolfers, who reported that economic growth was associated with rising happiness, as indicated by changes in subjective well-being and income over time within countries [6]. After numerous challenges to the Easterlin paradox, Richard Easterlin suggested that more research was needed to "focus policy initiatives directly on urgent personal concerns relating to such things as health and family life and to the formation of material preferences rather than the mere escalation of material goods" [7] (p. 22467).

3.3. Global Well-Being

The Gallup organization conducts assessments of 150 or more countries each year, providing comprehensive measures of the behavioral economics of gross national well-being as well as a foundation for other measures of a country's economic strength [8]. These assessments are likely to remain fairly stable unless there is some type of anomaly or unusual event that significantly impacts the global society. The COVID-19 pandemic was an event that impacted nations around the world. How individual countries responded to that crisis was reported to positively or negatively impact citizens' feelings of happiness or life satisfaction. The pandemic not only affected the economic stability of many countries and individual; it negatively impacted the mental health of individual citizens with increases in depression, anxiety, loneliness, and suicides, as many workers either lost their jobs or had their hours reduced [4].

According to the 2021 World Happiness Report, several factors impacted how each society experienced and responded to the pandemic, but the level of trust in public institutions appeared to be the most influential factor [4]. When comparing the 2020 well-being rankings after the emergence of COVID-19, the same countries with higher levels of citizen well-being in 2019 maintained those high levels during 2020. Countries with higher levels of trust and lower levels of inequality were successful in keeping COVID death rates low and social cohesion high [4].

During 2021, global well-being was assessed using Gallup poll data from 149 countries via gross domestic product per capita, social support, life expectancy, freedom to make your own life choices, generosity of the general public, and perceptions of corruption [8]. Of the 149 countries surveyed, Finland, Denmark, Switzerland, Iceland, the Netherlands, Norway, Sweden, Luxembourg, New Zealand, and Austria were identified as the top ten happiest countries in the world, and Afghanistan was identified as the least happy [4].

As political leaders become better informed regarding the issue of citizen well-being, they may be able to implement more effective policies, services, and programs for their citizens, thereby generating a return on their investment with regard to GDP. To better illustrate the impact of poverty, neighborhood conditions, employment, discrimination, mental and physical health, social relationships, and education on well-being, research data, case examples (Sections 4–8), and thought-provoking scenarios are incorporated to enhance reader comprehension. This discourse also provides comparisons among different countries, frequently using the United States as a point of contrast. It is important for readers to understand how the plight of a country's citizens may positively or negatively contribute to societal well-being.

4. Socioeconomic Status, Poverty, and Well-Being

Socioeconomic status represents the social standing or class of an individual or group and is generally measured via a combination of education, income, and occupation. Income

determines access to scarce resources and may result in material hardship or material wealth. From a microeconomics perspective, consumers will consume goods and services that have the potential to enhance their lives in concert with their income. The more income consumers have, the greater the number of choices available, and the happier consumers are likely to be. Poverty is a global phenomenon, but the factors affecting poverty are likely to be similar across countries. Global case examples are presented and discussed for the Philippines and other racial/ethnic groups, clarifying the impact of race on socioeconomic status. How poverty impacts well-being is illuminated via the income modulation of well-being and restricted access to desired resources.

4.1. Poverty

The Miriam Webster Dictionary defines poverty as “the state of one who lacks a usual or socially acceptable amount of money or material possessions” [9]. Harrington suggested that poverty should be defined in terms of those who are denied the minimal levels of health, housing, food, and education that our science specifies as necessary for life [10]. Nelson described poverty as the precursor to material hardship, which he described as the inadequate consumption of goods or services that society deems minimally necessary for human functioning [11].

Poverty may be defined or described in different ways, but its impact is best understood via socioeconomic status. Socioeconomic status is often determined by family income level, educational level, and occupational status. Marital status, gender, social class, social status, educational level, and geographic location also have the potential to influence poverty. In the US, poverty has been identified as an important public health issue. Available research indicates a clear relationship between poverty, socioeconomic status, and health outcomes [12,13]. Poverty and low-income status have been linked to adverse health outcomes, such as shorter life expectancy, higher infant mortality rates, and higher death rates. Many individuals living in poverty have limited, restricted, or no access to healthcare, resulting in healthcare disparities. In addition to the physical health concerns of the impoverished, behavioral economics suggests that “poverty and scarcity create psychological distress and deplete important cognitive resources” [14]. Spears posited that making economic decisions when basic needs have not been met renders individuals impotent to control their behavior and make long-term plans for the future [14].

Global poverty is defined as the number of people worldwide who live on less than USD 1.90 a day [15]. More than 736 million people—or 1 out of every 10 people—in the world live in poverty. As a result of the COVID-19 pandemic, global extreme poverty rose in 2020, creating more opportunities for pecuniary instability. Further, approximately 100 million additional people were living in poverty as a result of the pandemic. Research has also noted that poverty is one of the leading causes of lower educational attainment, which leads to high mortality rates [16].

4.2. Case Example: Poverty in the Philippines

Natural disasters have exacerbated the effects of poverty in the Philippines, compounding the economic divide. These disruptive and destructive natural disasters, especially the landslides, massive flooding, Typhoon Mangkhut, and Typhoon Haiyan, resulted in 6000 deaths and displaced nearly 4 million people [17]. These disasters added to the destruction of unstable Filipino homes and their crops, disproportionately impacting their income [18]. The Filipino people and the economy depend on the marine and agricultural resources, which the disasters compromised, thereby compromising these people’s way of life. Further, though the Philippine economy is growing, this growth is not indicated in rural and poverty-stricken areas [17]. Researchers have reported that the country’s population growth has overwhelmed the available resources [17]. Conversely, researchers have attributed the significant income tax rate of 32% as a factor decreasing wages [18].

Residents of the Lanao Kapanglao region are the poorest of all Filipino people [19]. Though this area is noted to be a tourist destination, their poverty is reported to continue

to rise. The children in this region are among the lowest in school attendance due to their need to work as farmers for the survival of their families. This is the reality of the Lanao Kapanglao residents who also have an increased rate of mental and physical health concerns due to poverty. Malnutrition and mental concerns are not addressed due to food insecurity and the lack of resources for indigenous people. The ongoing effects of poverty on Filipino well-being have been documented to include high rates of communicable diseases, which have the potential to increase mortality rates [20]. Other poverty-related health concerns include HIV/AIDS, dengue, malaria, and tuberculosis. Coupled with a poor diet, these conditions may intersect and lead to heart and kidney disease.

4.3. *Perceptions of Economic Well-Being and Race*

The 2021 Gallup Survey identified differences in well-being related to income by race and reported that lower-income African Americans (46%) had higher levels of well-being than those of lower-income Whites (42%) or Hispanic Americans (40%) [21]. This finding may be related to social comparison, as suggested by the Easterlin paradox. Lower-income individuals will likely compare to others similar to themselves, particularly if they are living in a low-income neighborhood. Despite that finding, 80% of Black Americans earning USD 120,000 or more reported higher levels of life satisfaction compared with 86% of Whites and 84% of Hispanics [21]. Extant research supports the position that people with larger incomes report greater evaluative well-being [22,23]. Compared to incomes below USD 75,000, larger incomes were associated with greater experienced well-being [22]. The relationship between income and well-being is positive with people earning larger incomes reporting higher levels of experienced and evaluative well-being [23].

4.4. *The Income Modulation of Well-Being*

In societies around the world, individuals within these societies utilize some type of capital exchange as a means of securing the desired goods or services. Certainly, there remain opportunities to barter services for goods, but the global economy is not dictated by such exchanges. Capitalism is a factor in many societies, and access to desired or scarce resources requires some type of monetary exchange. In the United States, there is a popular saying, “Money can’t buy happiness.” While money may not buy happiness, it may relieve the stress associated with one’s inability to pay rent, buy food, purchase medications, or procure other services that contribute to well-being. The income modulation of well-being does not propose that people must earn a six-figure income, drive expensive cars, or dine on filet mignon nightly to experience positive well-being [24].

People may need to have more than just their basic needs met; they may need opportunities for more than just survival and opportunities different from waking every day to new daily struggles. Well-being is a generally positive concept, and this should suggest that people need to engage in self-care by engaging in leisure opportunities or pursuing educational goals to enhance their earning potential. How can well-being co-exist with daily struggles for survival?

Figure 1 provides a pictorial representation of how income impacts well-being. The lack of money or capital has the potential to negatively impact where people live, the quality of education they receive, the type of neighborhood they live in, the types of jobs they acquire, their social relationships, their quality of life, access to transportation, access to healthy foods rather than food desserts, and access to quality healthcare.

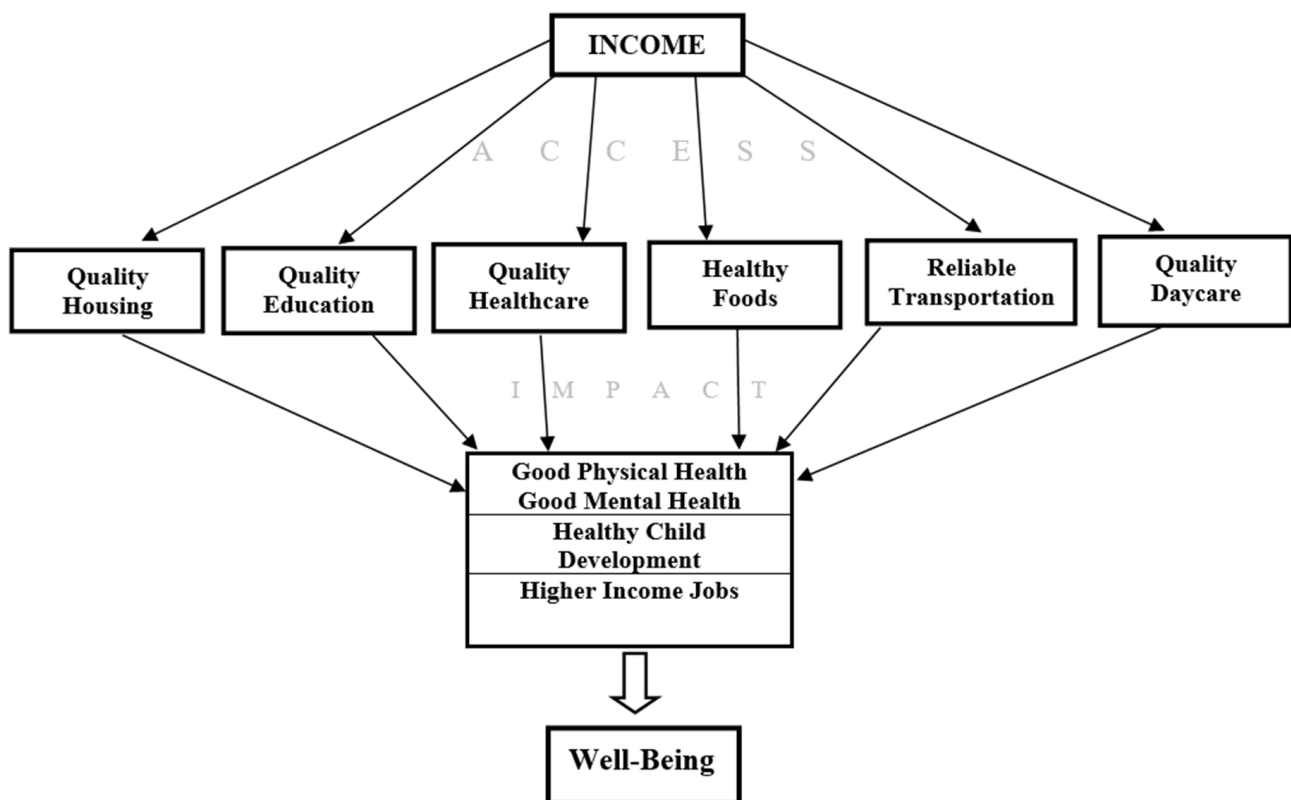


Figure 1. Income modulation of well-being [24].

5. Environment/Neighborhood Conditions/Crime

Income impacts access to quality housing and safe neighborhoods [24]. Housing provides the basic foundation for economic well-being and has been identified as a factor impacting opportunity and mobility from poverty [25]. Lower-income individuals are more likely to reside in neighborhoods that may be plagued by crime, lower-quality schools, food deserts, and substandard housing. Children residing in such neighborhoods may have fewer positive role models and may therefore be attracted to alternative means of acquiring income.

5.1. How Does Crime Affect Well-Being?

The opportunity to experience neighborhood violence is not relegated to a particular city, state, country, racial/ethnic group, gender, or age group. There are underlying factors that support the development of crime-ridden neighborhoods and gang violence. The neighborhoods most frequently plagued by high rates of neighborhood violence are those generally identified as lower income. Some might consider the designation as a low-income neighborhood as an indication that all residents in such neighborhoods have lower values and morals and are comfortable with their environment. To expect that every resident in such neighborhoods is amenable to or living comfortably under such conditions may be ill advised. An individual or family's residency in a low-income neighborhood may simply be a result of income inequality. Residents in crime-plagued neighborhoods are not all engaged in criminal activity and may be equally as disillusioned with their plight and lack of protection from law enforcement as those living in less violent neighborhoods.

The experience of being victimized and/or the anxiety and fear related to being a victim of crime may impact health via symptoms such as depression, stress, sleeping difficulties, loss of appetite, loss of confidence, and unhealthy coping mechanisms, such as smoking or drug use. While crime in general affects overall mental health, neighborhood crime brings the issue closer to the home environment, a place where one would expect to experience some degree of safety. Regardless of one's geographic location, neighbor-

hood violence and crime are often unwanted companions in lower-income neighborhoods. Neighborhood crime has significant consequences for children and adults because all may experience PTSD, anxiety, and depression. Research data on the impact of crime and neighborhood violence are presented for the United States, Brazil, and South Africa. From the case examples presented, we are able to view common elements and impacts of neighborhood violence across nations, suggesting that the outcome is not endemic to a particular country or people.

5.2. Neighborhood Violence

Neighborhood violence is a serious social problem affecting societies worldwide. A study of 1,211 residents living in Brazilian favelas revealed that people who experience more violence have higher levels of mental health symptoms and a poorer quality of life, thus lower levels of well-being [26]. Another study conducted with college students attending at an urban historically black college/university (HBCU) reported that minority college students were more likely to experience PTSD as a result of community violence and overpolicing [27]. A US NEWS report on the impact of gun violence on children revealed that living within two blocks of a shooting negatively impacts children's mental health, leading to concerns, such as depression, PTSD, and the intentional ingestion of harmful substances [28]. Poverty has been identified as a factor associated with crime-plagued neighborhoods and may be representative of income inequality. Without sufficient income or capital, individuals may not be able to secure the resources needed, and some might resort to crime to obtain such resources. South Africa is a middle-income country with the highest level of wealth inequality. It was estimated that nearly 54% of South Africans live in poverty, with 20% living in extreme poverty [29]. Research with impoverished South African households revealed these individuals were more likely to live in crime-plagued neighborhoods and were at increased risk of clinical depression [29].

6. Employment and Well-Being

During the pandemic, unemployment was associated with a 12% decrease in life satisfaction. The global GDP was estimated to have shrunk nearly 5% in 2020 [4]. According to the CDC, [3] paid employment is important to the well-being of adults because it provides access to resources, while also influencing satisfaction and meaning for many workers. Having a job that one enjoys and finds satisfying can provide purpose in our lives in addition to an income. Meaningful employment provides us with a purpose and may affect how we see ourselves and feel about ourselves. Similarly, work-related problems can affect our physical, emotional, and mental health. A number of factors have the potential to impact worker satisfaction: salary, working conditions, supervisory styles, job duties, sense of purpose, work hours, employee benefits, opportunities for upward mobility, hostile working conditions, and discriminatory practices.

Workplace discrimination presents as a serious problem, affecting worker well-being. In the US, employment discrimination is a form of illegal discrimination in the workplace based on protected characteristics, such as age, race, gender, sex, religion, national origin, and physical or mental disability. Those most likely to be discriminated against in the workplace include women, older adults, the disabled, those with mental health concerns, gendered minorities, and racial/ethnic minorities. Workplace discrimination is associated with lower overall health, more chronic illness, and greater depression [30]. Repeated exposure to discrimination activates physiological and psychological stress responses that can lead to both mental and physical illness [30,31].

For many workers, earning a livable wage or an income commensurate with one's duties and outputs is likely to enhance well-being. Some researchers have argued that at a certain figure, earning more money does not impact well-being [5]. Others have reported a cap on the amount of money that may be earned, leading to a well-being plateau at USD 75,000 [32]. Current research suggests that well-being does not plateau at USD 75,000 but instead increases with income [23]. The relationship between income and well-being is

not always clear and, depending upon the measures used and comparisons made, income has been reported to be only mildly correlated with well-being. Despite that finding, both experienced and evaluative well-being were found to rise with increases in income [23].

Considering the literature [23], it should not be a surprise that individuals earning considerably less than the previously discussed USD 75,000 per year would exhibit lower levels of experienced and evaluative well-being. Low-wage work affects workers' ability to maintain stable housing, buy healthy foods, obtain healthcare, and engage in a host of other activities that some may take for granted. Though paid work has been deemed important for positive mental health, a low wage has not. The plight of low-wage workers is examined as a social justice issue. Gender presents as another social justice issue for women in the low-wage work arena, as well as the corporate arena. The glass ceiling phenomenon is also presented for consideration.

6.1. Low-Wage Workers and Well-Being

In any society, there are jobs that may be considered important, essential, or menial. Depending upon the skill or educational level required, some jobs may pay a minimum or low wage, which is generally not viewed as a livable wage. Low-wage workers are disproportionately women and people of color: those most likely to be discriminated against [33]. In many societies, access to desired resources is determined by the use of various forms of capital. In some countries, a minimum wage or low wage represents a poverty wage, resulting in restricted access. Greater income is associated with well-being because individuals can buy what they need or want, and they are not limited by the need to just survive. In this vein, one can understand how income-assisted access to desired resources impacts well-being.

To justify low wages, some jobs are identified as “dirty work” or unimportant, a specious argument. In the absence of someone to remove refuse from our neighborhood, provide childcare, or clean our office, we begin to see value where none had previously existed. A number of low-wage positions rest in the tourism industry. Tourism generates capital for many societies via the food service, hospitality, and service industries, but the individuals involved in these low-wage positions are frequently marginalized and paid little because they do not have a college degree or a valuable skill. Tourism boosts the economies of many countries, and these low-wage workers play an important role in that process. Still, their contributions remain devalued, and this may impact an employee's feeling of worth or purpose.

In the US, the federal minimum wage is USD 7.25 per hour for many workers, but for federal contract workers, the amount is USD 15 per hour. By 2025, all minimum wage employees in the US will be paid the federal minimum wage of USD 15 per hour. The USD 7.25 per hour wage represents a poverty wage that restricts access to desired resources, thus impacting individual well-being. Three of the top ten poorest countries in the world include: Togo with a GDP per capita of USD 899, with half of the population living off less than USD 1.25 per day; Madagascar with a GDP per capita of USD 934, with 69% of the population earning USD 1 per day; and Afghanistan with a GDP per capita of USD 956, with 42% of the population living on less than USD 1 a day. While the minimum wage varies from one country to another, the minimum wage concept generally denotes limited access to desired or needed resources.

6.2. Women and The Glass Ceiling

The glass ceiling is a term used to depict the social barriers preventing women from being promoted to top jobs in management. While women represent a significant portion of the workforce, their opportunities for upward mobility are not always commensurate with their skills, abilities, and knowledge. Women represent roughly 47.7% of the global workforce, but opportunities for women to move into leadership positions are often influenced by gender stereotypes, since leadership is viewed as a traditionally male role [34,35]. Gender stereotypes are both descriptive and predictive; they depict how women and men

are and indicate how they should be. Heilman proffered that violating gender prescriptions has consequences, since they function as norms, and violating these norms produces social disapproval [35]. Women's upward mobility opportunities are also impacted by childbirth and child rearing, leading some women to work part time, thereby missing opportunities for training and promotion [36]. Working fathers are not assigned the same level of parenting duties as working mothers; this division of labor may be viewed as unfair by women.

In the US, women occupy approximately 15% of CEO positions in S&P 500 companies [34]. In 2021, the proportion of women in senior management positions globally grew to 31%, the highest ever recorded. Despite an increase in women pursuing higher education globally, a gender gap in employment rates remains among highly educated women and men in some countries [34]. Some countries have taken a more proactive approach to enhancing workplace opportunities for women. France, Germany, India, Italy, the Netherlands, Norway, and South Korea have implemented quotas for women on boards of public companies [37]. A 2016 ILO report suggested that reducing the gender gap in labor force participation could substantially boost global GDP [38].

7. Discrimination and Well-Being

Discrimination has many iterations: gender, age, race/ethnicity, socioeconomic status, education, disability. Research on discrimination has largely focused on race and sex, but sexual and gender minorities have gained attention in recent years [39,40]. Discrimination occurs on two levels: individual and institutional. Individual discrimination refers to interpersonal experiences between two or more individuals (one as the target) and may involve slurs, microaggressions, violence, and threats of harm, and it can negatively impact health, similar to other stressful or traumatic events. Institutional discrimination results in delimited access to valuable resources, such as quality housing, quality schooling, jobs, and quality healthcare. Structural discrimination refers to policies that are race or gender neutral in intent but have negative effects on women and/or minorities. Discrimination may function as both a stressor and as a cause of other stressors. Discrimination impacts health through three major pathways: psychosocial stress, access to health and social resources, and violence and bodily harm. The impact of discrimination with regard to employment and access to resources is explored via the concept of historical trauma via three different case examples: third gender, African Americans, and the Māori.

7.1. Case Example: Gender Minorities and Well-Being: Third Gender

The term "third gender" refers to a category of people who do not identify as a male or a female but as neither, both, or as a combination of both male and female genders. The category of third gender is legally recognized by India (hijras), Brazil (travestis), and Mexico (muxes) [40]. The main concerns affecting third-gender well-being include discrimination, unemployment, lack of educational facilities, homelessness, lack of medical facilities, depression, tobacco and alcohol abuse, and problems related to marriage and adoption [40]. Research with third-gender individuals from Brazil, Mexico, and India indicated these individuals routinely experienced stigmatization, marginalization, sexual abuse, infringement of civil rights, and harassment accessing health services [40]. In spite of legislation supporting the provision of comprehensive healthcare services for the third gender, India, Brazil, and Mexico have encountered strong resistance to implementing these social policies. The absence of such services is certain to affect well-being.

7.2. Historical Trauma and Colonization on Well-Being

Groups experiencing racial or ethnic discrimination are also likely to experience racialized stress. Historically, many racial and/or ethnic minorities have experienced trauma and oppression as a result of colonization and/or enslavement. Racialized individuals encounter numerous opportunities to experience discrimination, oppression, trauma, poverty, and stress due to structural inequality [41–44]. Historical trauma has been identified as a

factor affecting oppressed groups' overall physical and psychological health [45,46]. Danzer et al. posited that historical trauma begins with the subjugation of a minority group by a majority group and is maintained by violence, hateful stereotypes, and sociopolitical inequalities that mature into systemic racism, continuing in contemporary society and marginalizing minority populations [47]. The negative effects of historical trauma include PTSD, substance abuse, depression, anxiety, violence, cultural alienation, and suicide [45]. Research has identified the biological mechanism for intergenerational trauma impacts the health of the descendants of historically oppressed ethnic groups, such as Australian aborigines and survivors of the Holocaust [45,46]. Yehuda and Lehmer identified an association of parental trauma with epigenetic alterations in both the exposed parent and the offspring, confirming that past traumas could be transmitted genetically [46].

7.3. Case Example: African Americans and Well-Being: Blacks in the USA

African Americans' historical trauma has been defined as "the collective, spiritual, psychological, emotional, and cognitive distress perpetuated intergenerationally originating with slavery and continuing with racism and discrimination to the present day" [48]. McGee and Stovall postulated that exposure to racism, discrimination, traumatizing practices, and racialized political ideologies is harmful to Black mental health [43]. Repeated or ongoing exposure to racialized stress, oppression, and lethal policing has been deemed detrimental to Black mental health and has been identified as an important contributor to health inequities [43,49]. Geronimus et al. confirmed the negative physical health outcomes for African American/Black individuals as a result of persistent racialized stress [50].

7.4. Case Example: Colonization vs. Well-Being: Māori

New Zealand (Aotearoa) was colonized in 1840 by the British Empire under the guise of reducing lawlessness in that territory. Subjective interpretations of a treaty involving 500 Māori chiefs led to the Māori losing their land to the Pākehā (European/White New Zealanders). The Māori became impoverished as a result of losing their land. A 2018 study investigating the impact of multiple forms of discrimination on the Māori and people from the Pacific and Asian ethnic groups revealed that these groups reported a much higher prevalence of racial discrimination, were more likely to have an experience of discrimination, and were more likely to experience multiple forms (e.g., age, gender, disability, socioeconomic status) of discrimination compared to the European/Other category [51]. Discrimination was associated with poorer self-rated health, poorer mental health, and greater life dissatisfaction, resulting in a negative impact on well-being. Cormack and colleagues also reported that negative health impacts increased as the number of forms of discrimination increased [51]. These researchers recommended that any policy responses targeting discrimination with the aim of disassembling oppressive systems must factor in the disproportionate harm to indigenous peoples and other minoritized ethnic groups.

8. Health and Well-Being (Mental and Physical)

Bird identified good health as a key asset and ill health as the single most widespread hazard affecting poor households [52]. Compromised health impacts an individual's ability to earn a livable wage and has the potential to impact entire households, not just the individual experiencing health concerns. Poor health may function as a key driver of downward mobility due to the lost labor of the individual and their career, thus fueling household dependency ratios and the costs of seeking treatment [52]. Chronic and/or severe illnesses can be extremely impactful on household consumption and well-being [52].

Individual well-being may be seriously impacted by the presence of a mental health or physical health concern. Income dictates access to quality healthcare. Individuals with lower incomes are less likely to have access to quality healthcare and more likely to be uninsured or underinsured [53]. Financial barriers related to deductibles and copayments also function as barriers to quality healthcare [53]. According to a 2021 Wellcome Global Monitor study on world mental health, one in five adults reported their lives had been

affected by depression and anxiety at one point in 2020 [54]. It has been posited that the higher one's income, the lower one's chances of developing diseases or experiencing premature death [55]. Since individuals with lower incomes are more likely to reside in lower-income neighborhoods, it is important for nations to understand that living in high-poverty neighborhoods is associated with less favorable health and behavioral outcomes [56].

Stress and Allostatic Load

McEwen and Stellar coined the term allostatic load to describe the health costs of chronic exposure to fluctuating or heightened neural and neuroendocrine responses resulting from ongoing or chronic environmental challenges assessed as being stressful [57]. Allostatic load has been linked to increased risk of cardiovascular diseases, such as coronary heart disease, ischemic heart disease, and peripheral arterial disease. Allostatic overload occurs when the cumulative effects of a physiological stress response lead to health problems, disease, and/or death. Allostatic load compensation provides compensation for organs that are unable to fulfill their functions due to the activated stress response, resulting in compensated heart failure, compensated liver failure, and/or compensated kidney failure.

Minorities with a college degree or more experience the highest levels of allostatic load [50], and higher levels of education have been found to be positively associated with racial discrimination [58]. In the United States, John Henryism is a strategy for coping with prolonged exposure to stressors such as discrimination through the expenditure of high levels of coping effort, which results in accumulating physiological costs (allostatic load compensation). Essentially, this means other organs in the body must help the affected organs complete their functions. Arlene Geronimus and colleagues employed the term "weathering" to identify the early health deterioration that Blacks experience as a result of the cumulative impact of repeated experiences with social or economic adversity and political marginalization [50]. The "weathering" effect is most pronounced among Blacks most likely to engage in high effort coping. While higher levels of income are generally associated with higher levels of well-being, African Americans with higher levels of SES report greater exposure to racial discrimination compared to those with lower SES [58].

9. Social Relationships and Well-Being

Social relationships refer to the connections between people involved in reoccurring interactions that are viewed as having a personal meaning. Social relationships include family, co-workers, friends, romantic partners, and acquaintances. Some social relationships are stronger than others, and this closeness may be facilitated by common bonds, interests, mutual trust, positive interactions, and good communication. Social isolation refers to the absence of social relationships and has been shown to produce negative health effects [59]. Social relationships have been reported to produce short-term and long-term impacts on mental health and physical health, beginning in childhood and continuing throughout the lifespan. Evidence from prospective studies across industrialized nations revealed that individuals with the lowest levels of social involvement were more likely to die earlier than those with greater levels of social involvement [60]. This finding is supported by other research, indicating the risk of death among men and women with few social relationships was twice that of individuals reporting the most social ties, regardless of socioeconomic status [61].

While social relationships may be good for emotional support and effective in enhancing well-being, they can also be a source of stress. Child abuse, spousal/partner abuse, and divorce are relationship issues that may negatively impact mental and physical health. Some researchers have reported that people who are in social relationships are happier compared to those who are not, that people who are married are happier than those who are not, and that people who have lots of friends are happier than those who do not. Lucas and Dyrenforth questioned whether it was simply the existence of the relationships that influenced happiness or the quality of the relationships [62].

The impact of social relationships on well-being may be mediated by cultural norms. Landsford et al. explored various aspects of psychological well-being with individuals in Japan and the United States [63]. Their findings indicated that having a spouse or best friend was more strongly related to psychological well-being in Japan than in the US. The researchers also reported that the quality of relationships was more strongly related to well-being in Japan than the US. Tay and Diener conducted research in 123 countries around the world and reported that the quality of social relationships was more important than the quantity of social relationships [64]. The quality of social relationships was consistently linked with subjective well-being in each country. Need fulfillment was consistently associated with subjective well-being for each society [64]. Brannan et al. examined the relationship between perceived family support and subjective well-being among college students from Iran, Jordan, and the US. Study findings indicated that perceived family support significantly predicted dimensions of subjective well-being in each country [65]. Perceived friend support did not predict any dimensions of well-being among students in Iran but did predict higher levels of positive mood among those in the US and Jordan.

Race or ethnicity coupled with pecuniary stability may moderate the positive aspects of the marital relationship. For African Americans, interpersonal relationships problems, such as communication issues, trust issues, financial instability, and historical and current racism, intersect to harm the marital relationship and diminish well-being [66]. Research suggests that marital satisfaction for Black women is influenced by their husbands' depression [67]. The depression experienced by Black men may be influenced by marginalization, discrimination, oppression, lethal policing, and blocked opportunities.

Prosociality and Well-Being

Prosocial behavior refers to the voluntary action that is intended to benefit other people or society as a whole. Such behaviors range from small acts of kindness, such as holding the door for someone, making charitable donations, or volunteering at community organizations. Prosocial behavior may not involve reoccurring interactions, except in cases of charitable donations or volunteer work. Prosocial behavior influences well-being, and well-being influences prosocial behavior, representing a feedback loop. Prosociality is more likely to increase well-being when the acts are delivered in ways that improve social capital and reflect generosity free of either a legally imposed requirement, compulsion, or personal gain [68]. Engaging in prosocial behavior involves elements of trust, and high levels of trust have been linked to higher subjective well-being [68]. Khanna et al. suggested that the act of helping others can distract people from their own problems and enhance life satisfaction and self-evaluation, while also boosting one's mood [68].

It is widely acknowledged that well-being is associated with positive emotions, such as happiness. The three main forms of happiness include pleasure, purpose, and passion. Purpose is associated with eudaimonic well-being. Eudaimonic well-being is achieved through experiences of meaning and purpose. Prosocial behavior has been found to have a stronger effect on eudaimonic well-being than hedonic well-being [69]. Aristotle identified eudaimonia as the highest human good. Eudaimonic well-being represents both psychological and social well-being. The advantages of eudaimonic well-being are varied: extended length of life; reduced risk of multiple disease outcomes; reduced dysregulation of physiological systems; and greater likelihood of practicing preventive health [70]. The benefits of prosocial behavior appear to vary by age and gender. Female givers experience stronger relationships between prosociality and eudaimonic well-being; retired givers report better physical health; and younger givers exhibit higher levels of well-being in areas other than physical health [70].

10. Education and Well-Being

Education is often considered as one of the more important factors in determining the well-being of an individual [2]. Social scientists and policymakers broadly accept that education leads to improved living standards and enhanced well-being [71]. Nobel laureate

Amartya Sen's framework for understanding an individual's well-being was based on the concept of "beings" and "doings", which he elaborated upon in his capability approach. Later, the Human Development Index (HDI), a multidimensional index associated with Sen's capability approach was adopted by the United Nations. The HDI includes education as a vital dimension in addition to income and health to measure the well-being of populations in different countries. HDI also sets the standard for including educational as well as health dimensions while evaluating the living standards of individuals. Thus, over the years the understanding of well-being has evolved beyond the traditional income-based metrics and more toward assessing multidimensional well-being [72]. Subjective well-being and educational attainment are used as important markers in identifying the attributes of high-performing educational practices [73].

A number of research studies suggest an ambiguous relationship between education and well-being [74,75]. Some researchers have argued that educational attainment does not have a significant impact on well-being [74,75], while others report a positive impact on individual well-being [76]. Jiang posited that education by itself did not impact the happiness of individuals directly but noted that higher education attainment results in better income, which could result in the enhancement of happiness levels as a result of access to desired or scarce resources [77]. Despite these conflicting perspectives, individuals with higher educational achievements have been found to report greater levels of subjective well-being [78]. However, there exists the possibility that higher education, despite links to higher salaries, may lead to more demanding jobs. Some studies have identified a negative impact on well-being as a result of highly educated individuals opting for more stressful occupations, thus leading to a decline in job satisfaction [79,80].

Education has often been identified as a critical tool for the empowerment of women. Tran et al. [81] found that higher education levels among women in Australia helped in attaining greater levels of well-being. The researchers also noted that education lowers psychological stress, thereby underlining the non-monetary advantages of education. Higher levels of educational attainment help women access possibilities of better employment opportunities and well-paying jobs, thereby enhancing their state of well-being.

A study in Spain by Cuñado and de Gracia, using the European Social Survey (ESS), observed that individuals possessing higher academic qualifications are in a better position of gaining a well-paid position, thereby increasing the likelihood of happiness and well-being [82]. Well-being is identified as an important value by Article 3 of the Treaty on European Union. With regard to citizen well-being, Ruggeri et al. reported that the highest potential for advancement among countries is by expanding access to education as a longer-term plan [2]. Government officials and policy legislators in these countries are advised to focus on specific dimensions, such as education, to improve their global rankings.

11. Conclusions

The issue of citizen well-being is a concern for societies around the world. Individual citizens comprise these societies and, depending upon their level of well-being, these individuals may positively or negatively contribute to societal growth. Individual countries may be classified as high, upper middle, lower middle, and low income based on a number of economic factors, such as GDP, citizen access to desired resources, socioeconomic status, and longevity. The reciprocal nature of well-being suggests it would be logical for countries to invest in their natural resources: the people. While money may not buy happiness, the absence of sufficient funds to gain access to desired resources can negatively impact citizen well-being and therefore impact the economic well-being of individual countries. Ensuring access to desired resources has the potential to enhance citizen well-being while increasing worker productivity, ultimately leading to enhanced GDP.

Beyond the issue of income or income inequality, discrimination is a significant factor affecting well-being via dimensions such as race/ethnicity, employment, education, age, disability, gender, mental health, physical health, and socioeconomic status. The discriminated are likely to experience fewer opportunities to enhance GNI or GDP and could pose a

strain on a society's economic resources. This proposal alone would be sufficient motivation for countries to enhance citizen well-being. Neighborhood violence poses a significant impediment to community well-being and must be addressed if emerging adults and youth are to progress to adulthood as contributing members of their society. More proactive interventions are warranted to address the social, emotional, financial, and educational needs of a country's youth because they represent the future. An educated citizenry is more likely to become a productive workforce. An educated workforce is more likely to develop new technologies and services that could positively contribute to the global community, thus ensuring equal access to education is a reasoned approach to societal development. The well-being of citizens should inform the policies, services, and programs implemented if countries have an interest in a healthy, educated, and productive workforce that will contribute to GDP and societal growth.

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