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ORIGINAL RESEARCH

EXPLORING THE IMPACT OF RACISM AND SOCIAL STRATIFICATION ON HEALTH DISPARITIES: A BIBLIOMETRIC ANALYSIS OF TRENDS, GAPS, AND GLOBAL CONTRIBUTIONS

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Abstract

This study conducts a bibliometric analysis of the literature on health disparities influenced by racism and social stratification. Based on data obtained from the Scopus database, this analysis identifies trends and gaps in research related to health inequalities caused by social factors, particularly racism and social inequality. Keyword mapping, Word Cloud visualization, and co-occurrence analysis reveal strong correlations between key topics such as health disparities, racism, social determinants of health, inequality, and mental health. The findings also show the dominance of countries such as the United States, Canada, and the United Kingdom in health disparities literature, as well as significant contributions from developing countries such as Guatemala and Brazil. Leading authors and institutions, such as King's College London and New York University, play a central role in shaping this research. These findings indicate the need for further studies that integrate various social factors to holistically understand the impact of health disparities and to develop more effective policies.

Keywords**:** Bibliometric, Health disparities, racism, social determinants of health

INTRODUCTION

Health inequities represent a global issue influenced by various social factors such as racism and social stratification. Racism, often manifesting as racial discrimination, and social stratification, which encompasses differences in social class, education, and economic status, have been proven to be key determinants of uneven health outcomes across various social groups. Research by Hipp et al. (2025) indicates that racial inequality in access to healthcare exacerbates health outcomes for marginalized groups, as seen in the disparities in medical services related to ethnicity [1]. This study investigates the spatial scale of inequality caused by racial and social structures within the healthcare system.

Additionally, the impact of social stratification on health inequities has also been widely studied. Akingbade et al. (2025) found that socio-demographic disparities in access to cardiac care demonstrate that social factors such as economic status and education play a significant role in existing inequities [2]. These findings align with previous research showing that individuals in lower social strata are more likely to have limited access to quality medical care, ultimately worsening their health outcomes.

While much research has been conducted in the context of health disparities, gaps remain in understanding the deeper interactions between racism and social stratification. Most prior studies have focused on one factor, such as racism or economic inequality, without comprehensively integrating both. For instance, research by Ogbeiwi et al. (2025) on ethnic disparities in access to mental health services highlights how racial discrimination affects minority communities' access to necessary psychological support, but it does not simultaneously examine the impact of social stratification [3].

This study aims to conduct a bibliometric analysis of the literature examining the influence of racism and social stratification on health inequities. Using the latest data from the Scopus database, this study seeks to map existing research trends and identify research gaps that need further exploration. Previous research

by Bouchard et al. (2015) provided insights into the evolution of health disparities through bibliometric analysis using Web of Science data, covering the period from 1966 to 2014 [4]. In this study, the term "disparities" began to be more frequently used after 2003, replacing the term "inequality," and Marmot's (1991) influential article on social determinants of health significantly contributed to the research on health inequities [5].

However, while Bouchard et al.'s research offers a useful historical perspective, this study utilizes the Scopus database, which encompasses journals with broader international influence, particularly those indexed in Scopus. This indicates that this study has the advantage of a wider scope and access to more current and relevant literature.

The novelty of this study lies in its use of bibliometric analysis to map the development and trends in research on the influence of racism and social stratification on health inequities. This approach allows for the identification of prevailing research topics, mapping dominant themes, and uncovering research gaps that have not been widely explored, something that remains rare in health sociology studies. As shown in research by Almeida et al. (2025), which discusses the impact of the COVID-19 pandemic on social inequities and health (6), such social phenomena still require greater attention in academic studies.

Therefore, this study is expected to make a new contribution to the field of health inequities by integrating various social factors that affect access to healthcare. Additionally, this study aims to provide guidance for policymakers in developing more effective strategies to reduce health disparities caused by social factors such as racism and social stratification.

RESEARCH METHODOLOGY

This study employs a bibliometric approach to analyze trends and gaps in research related to the influence of racism and social stratification on health disparities. The bibliometric analysis is conducted using data from Scopus, one of the leading academic databases that provides rich information on international scientific publications. Bibliometric analysis has been used across various contexts and disciplines. For example, Ellili (2022) conducted a systematic review of environmental, social, and governance (ESG) disclosure papers by analyzing 161 documents using bibliometric methods and visualization tools, identifying research patterns and providing suggestions for future studies (7). In another study, Chen (2017) identified that using science mapping through bibliometric analysis helps visualize the structure and dynamic changes in a specific research field (8). This approach not only helps analyze scientific productivity but also identifies emerging groups and trends in the literature.

The research process consists of several key steps as follows:

1. **Keyword Definition:**
   The keywords used in the Scopus search are:
   - Racism OR racial discrimination
   - Social stratification OR social inequality
   - Health disparities OR health inequalities OR social determinants of health

   This search is designed to identify articles that discuss health disparities influenced by social factors such as racism and social stratification. To ensure relevance and completeness, the search is focused on literature published between 1996 and 2025. All types of documents, such as research articles, reviews, and reports, are included in this search.

2. **Scopus Search:**
   The search process is conducted by entering the predefined keywords into the Scopus search system. This search results in a list of articles relevant to the research topic. The search is performed with the following limitations:
   - Publication years: 1996 to 2025
   - Document types: All document types
   - Language: Articles published in English

3. **Selection and Data Cleaning:**
   Articles found through the search will be selected based on their relevance to the research topic. Articles that are irrelevant or do not meet the inclusion criteria will be excluded. The selected articles will then be further analyzed to explore research trends, methodologies used, and contributions to the field of health disparities.

4. **Inclusion Criteria Table:**
   To ensure that only articles meeting specific standards are included in the analysis, the following inclusion and exclusion criteria are established:

Table 1. Determination of Criteria

Inclusion Criteria	Exclusion Criteria
Articles published between 1996-2025	Articles published before 1996
Articles using relevant keywords	Articles unrelated to the topic of health disparities
All relevant document types (e.g., research articles, reviews, reports)	Articles with unavailable or inaccessible data
Articles written in English	Articles without full access or limited access

5. **Data Analysis:**
   The selected data will be analyzed using a Flowchart to illustrate the literature selection process and the number of articles included in the final analysis. This analysis will be conducted to understand research trends, gaps in the literature, and directions for future development.

6. **Visualization with Flowchart:**
   The Flowchart will be used to depict the steps of literature selection and screening involved in this study. The diagram will show the flow from article identification, selection, to final analysis.

The flowchart serves as a tool to illustrate the literature selection process in bibliometric research. This diagram shows the number of articles found, screened, and eventually included in the analysis. The following are the steps illustrated in the flowchart for this research:

1. Article Identification: The search in Scopus generates a large number of articles related to the predefined keywords.
2. Selection: Articles that do not meet the inclusion criteria (e.g., irrelevant articles or those published before 1996) are excluded.
3. Screening: Relevant articles are screened based on their quality, methodology, and relevance to the research topic.
4. Inclusion: Articles that pass the selection process are included in the final analysis.

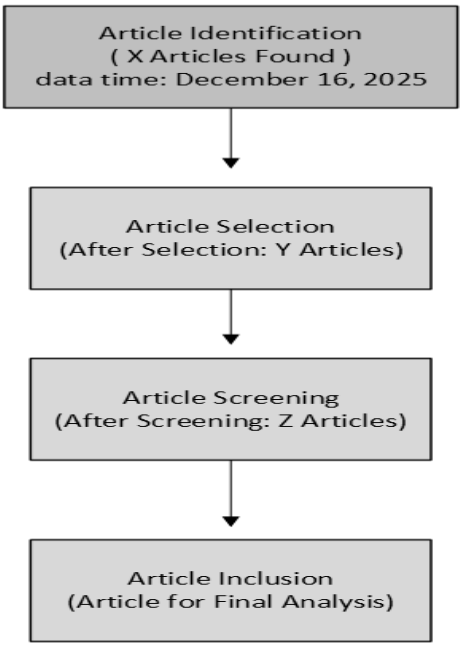

Figure 1. Flowchart

RESULT

1. Preliminary data summary findings

Table 2. Main Information About Data

Description	Results
Timespan	1996:2026
Sources (Journals, Books, etc)	98
Documents	133
Annual Growth Rate %	0
Document Average Age	4,66
Average citations per doc	37,7
References	1111
DOCUMENT CONTENTS	
Keywords Plus (ID)	1210
Author's Keywords (DE)	432
AUTHORS	
Authors	580
Authors of single-authored docs	29
AUTHORS COLLABORATION	
Single-authored docs	29
Co-Authors per Doc	4,41
International co-authorships %	19,55
DOCUMENT TYPES	
article	90
book	3
book chapter	7
conference paper	1
editorial	2
erratum	1
letter	3
note	2
review	24

In this study, bibliometric data is analyzed to identify trends and gaps in the literature discussing health disparities influenced by social factors, particularly racism and social stratification. The data used covers the period from 1996 to 2026, with a total of 133 documents extracted from 98 sources, including journals and books. All these documents are relevant to the research topic, which includes health disparities, racial discrimination, and social inequality within the context of health sociology.

Literature search and selection were carried out using the Scopus database, which offers broad coverage in this field. By relying on keywords such as "Racism OR racial discrimination AND social stratification OR social inequality AND health disparities OR health inequalities OR social determinants of health," this study successfully identified key publications discussing the relationship between social factors and health disparities. Based on bibliometric analysis, the research trend shows a significant increase in this topic since the early 21st century, with the highest concentration of research in the last decade.

Furthermore, this study also reveals that, while progress has been made in identifying the social impact on health, there are still significant gaps in the literature. Many studies focus solely on one aspect of disparity, such as racial discrimination, without considering the interaction between racism and social stratification in influencing health outcomes. This indicates the need for more holistic and integrated research that can map the complex relationship between these social factors.

2. Most Influential Authors and Institutions: Evaluating the Contributions of Leading Authors and Institutions Publishing Research on This Topic

In mapping the authors and institutions frequently publishing research on health disparities related to racism and social stratification, the findings show that no single author dominates document production. Most authors only publish two documents or fewer, which means this analysis does not provide a comprehensive view of the dominance of any specific author in the field. This suggests that the topic of health disparities, especially those influenced by social factors, has involved many authors contributing with a limited number of publications.

Given this situation, a more efficient approach in the analysis is to identify the most frequently cited authors, rather than focusing solely on the number of publications. Authors who are most frequently cited have a greater contribution in terms of influence on the development of the literature in this field. Therefore, rather than focusing on the number of publications per author, this study highlights authors who have made a significant impact in the literature on health disparities by looking at their citation counts as the primary indicator of their scientific influence.

Mapping of the institutions involved also shows a wide distribution of contributions, with no single institution dominantly leading publication output. However, several institutions can be identified as key contributors in this field based on the citation counts received by their research. This condition reflects the characteristic of the topic being more broadly distributed across various institutions and individuals, necessitating a more holistic approach in analyzing research trends in the field of health disparities.

Table 3. Athor Impact

Author	h_index	g_index	m_index	TC	NP	PY_start
Bauer Greta R.	2	2	0,286	237	2	2019
Kirkbride James B.	2	2	0,4	77	2	2021
Williams David Rudyard	2	2	0,4	43	2	2021
Abanga Marie A.	1	1	0,333	78	1	2023
Abrams Jasmine A.	1	1	1	2	1	2025
Achdut Netta	1	2	0,5	7	2	2024
Adhikari Richa	1	1	0,071	15	1	2012
Adrian Parra C.	1	1	0,5	6	1	2024
Agonafer Etsemaye P.	1	1	0,25	2	1	2022
Aguiar Joyce	1	1	1	1	1	2025

The bibliometric analysis conducted for this study, as shown in Table 3, reveals that no single author dominates in terms of the number of publications related to health disparities influenced by racism and social stratification. Data derived from 133 documents indicates that most leading authors typically publish only two or fewer documents on this topic. For example, authors such as Bauer Greta R. and Kirkbride James B. each have only two relevant publications, despite receiving a significant number of citations (Bauer, 237 citations; Kirkbride, 77 citations).

In this case, an analysis based on citation counts proves to be more efficient than simply relying on the number of publications. Williams David Rudyard, with two publications, has earned 43 citations, suggesting that his contributions to the field are noteworthy, even though they are limited in terms of publication quantity. This indicates that the influence of authors in this field is better measured through citations rather than publication counts.
Furthermore, several authors who have just started their publishing careers in this field were also identified, such as Abanga Marie A., who began publishing in 2023 and has already accumulated 78 citations with a single document. This finding reflects how recent developments in the topic of health disparities can lead to significant contributions, even in a short period.

These findings demonstrate that, while no single author is dominant, the contributions of frequently cited authors indicate their relevance and influence on the development of research on health disparities influenced by social factors. This suggests the potential for further research that integrates perspectives and approaches from various authors, thereby enriching the discourse on this important topic.

Table 4. Most Relevat Affiliations

Affiliation	Articles
King's College London	13
New York University	12
Universidade De São Paulo	12
University Of Massachusetts Chan Medical School	11
Faculdade De Medicina Da Universidade De Lisboa	9
Norfolk State University	8
School Of Public Health	8
University Of California	8
University Of Michigan	8
Università Degli Studi Di Torino	8

Table 4 demonstrates that several institutions have made significant contributions to research on health disparities influenced by racism and social stratification. The data reveals that King's College London is identified as the institution with the highest number of publications, with a total of 13 articles focusing on this topic. It is followed by New York University and Universidade de São Paulo, each with 12 relevant articles. Additionally, University of Massachusetts Chan Medical School also shows significant contributions, with 11 articles published in this field.

The contributions of these institutions highlight that the topic of health disparities has become a major concern for various leading educational and research organizations. Many of these institutions play a crucial role in directing global discussions on the relationship between social factors, such as racism and social stratification, and health inequities. Their presence as key contributors to the literature on health disparities reflects their significant role in shaping understanding and policies aimed at reducing inequalities in healthcare systems.

3. **Research Trends in Health Disparities: The Interconnections Between Racism, Social Stratification, and Social Determinants of Health Based on Bibliometric Analysis**

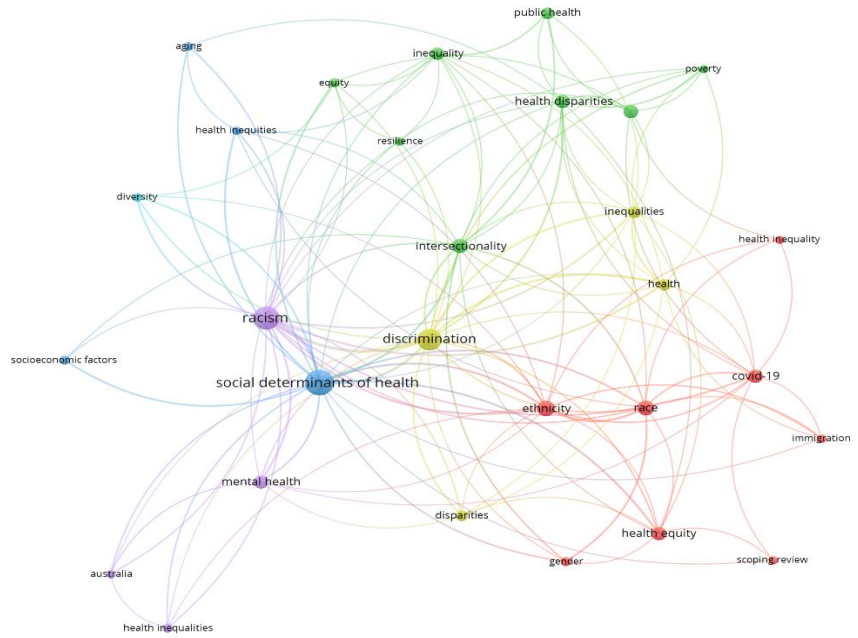

Figure 2. data co-occurrence of author keywords

Based on the visualization data generated by the VOSviewer tool using bibliometric analysis, the following is a report on the findings related to keyword mapping from 432 keywords identified through co-occurrence data based on author keywords.

From this data, a filtering process was applied by setting a minimum threshold of three occurrences per keyword, resulting in 29 selected keywords. This process enables a deeper understanding of the main focus areas in the literature

related to health disparities influenced by racism and social stratification.
The analysis shows strong interconnections between various keywords related to racism, health disparities, social justice, and social determinants of health (SDOH). Some of the most prominent keywords include health disparities, racism, social determinants of health, health inequalities, ethnicity, race, and inequality. The correlation between these keywords highlights an increasing focus in research on understanding the social and structural impacts on health outcomes, particularly those related to racism and social inequality.
The visual connections shown in the network map also indicate that related topics such as health equity, gender, poverty, COVID-19, and mental health are highly relevant in discussions of health disparities. These keywords point to a growing trend in research linking health inequities to broader social and economic factors, including the COVID-19 pandemic, which has exacerbated these disparities worldwide.
Moreover, the visualization analysis also reveals that research in this field is not only limited to local or national aspects but also includes a global dimension, with several keywords related to immigration, Australia, and scoping review, indicating the importance of cross-country approaches to understanding health disparities. This highlights the significance of international studies in mapping disparities that occur across communities with diverse social, cultural, and economic backgrounds.

Table 5. Cluster of keywords

Cluster 1	**N***	**Cluster 2**	**N***	**Cluster 3**	**N***	**Cluster 4**	**N***	**Cluster 5**	N*
covid-19	16	Equity	8	aging	6	discrimination	49	Australia	8
ethnicity	28	health disparities	16	health inequalities	7	disparities	9	Health-inequalities	7
gender	9	inequality	12	social determinants of health	57	health	19	mental health	15
health equity	14	intersectionality	22	socioeconomic factors	5	inequalities	18	racism	57
health inequality	4	poverty	9						
immigration	6	public health	7					**Cluster 6**	
race	24	resilience	6					diversity	9
scoping review	3	social determinants	9						

Furthermore, as outlined in Table 5, this study successfully identified a number of highly relevant keywords. This mapping divides the data into six main clusters, based on the co-occurrence of the most frequently appearing keywords in the literature published between 1996 and 2026.
Cluster 1 highlights topics related to the COVID-19 pandemic, including keywords such as COVID-19, ethnicity, gender, health equity, and scoping review. This cluster illustrates how the pandemic has exacerbated pre-existing health disparities, with keywords emphasizing the social and demographic aspects of inequality worsened by the global crisis. Race and health also emerge as significant keywords, with race standing out as one of the dominant themes, showing that racial inequality continues to be a major focus in health research.
Cluster 2 depicts the interconnections between equity, health disparities, inequality, and social determinants of health (SDOH). Here, themes such as poverty, public health, and resilience reflect an emphasis on broader social factors that influence access to equitable healthcare services. Research within this cluster focuses on how social and economic inequalities contribute to health disparities, as well as how various social factors such as social class, education, and employment can influence health outcomes.
Cluster 3 focuses on aspects related to aging, health inequalities, and socioeconomic factors, highlighting the challenges faced by older populations in accessing equitable healthcare. This research also shows how socioeconomic factors contribute to worsening health disparities among vulnerable groups, including those caused by inequalities in social status.
In Cluster 4, keywords such as discrimination, health, inequalities, and health disparities indicate that racial and social discrimination is a primary barrier in reducing health disparities. Research in this cluster focuses on how both racial and social discrimination exacerbate health outcomes for marginalized groups.

Cluster 5 identifies a strong connection between Australia, health inequalities, mental health, and racism, which

highlights the country-specific context in global discussions on health disparities. This research focuses on how issues such as racism affect mental health in certain countries, with Australia emerging as an example of a nation that shows significant disparities in health outcomes among different racial and ethnic groups.

Finally, Cluster 6, although containing only one item, diversity, highlights the importance of diversity in health disparity research, particularly in understanding how racial, ethnic, and social diversity influences health outcomes within a broader context.

These findings suggest that the interconnectedness of social factors like race, class, and ethnicity with health disparities needs further exploration. The results from the clusters not only help map out current research directions but also underline the importance of integrating a diverse range of social determinants in addressing health inequities across populations globally.

4. **Mapping of the Most Cited Documents: Contributions to Research on Racism, Health Disparities, and Social Determinants of Health in Shaping Global Understanding**

Table 6. Most globel cited documents

No	Author	Paper Title	Total Citations	TC per Year	Normalized TC
1	Krieger, Nancy. 1999	Embodying Inequality: A Review of Concepts, Measures, and Methods for Studying Health Consequences of Discrimination	873	32,33	1,00
2	McNeill, Lorna Haughton. 2006	Social Environment and Physical activity: A review of concepts and evidence	690	34,50	1,00
3	Yearby, Ruqaiijah. 2020	Structural Racism and Health Disparities	279	46,50	4,27
4	Schnittker, Jason. 2005	The Social Psychology of Health Disparities	239	11,38	1,00
5	Bauer, Greta R. 2019	Methods for analytic intercategorical intersectionality in quantitative research: Discrimination as a mediator of health inequalities	219	31,29	4,13
6	Berkman, Lisa F. 2009	Social Epidemiology: Social Determinants of Health in the United States: Are We Losing Ground?	195	11,47	1,81
7	Stepanikova, Irena. 2017	Perceived Discrimination and Privilege in Health Care: The Role of Socioeconomic Status and Race	168	18,67	1,88
8	Neblett, Enrique W. 2019	Racism and health: Challenges and future directions in behavioral and psychological research.	147	21,00	2,77
9	Berger, Zackary. 2021	Long COVID and Health Inequities: The Role of Primary Care	115	23,00	2,95
10	Mannoh, Ivy. 2021	Impact of social determinants of health on cardiovascular disease prevention	97	19,40	2,49

Based on Table 6: Most Global Cited Documents, this study successfully identified the top ten most cited documents in the literature on health disparities, focusing on structural racism and other social factors that influence health.

Nancy R. Krieger (1999), with her article titled "Embodying Inequality: A Review of Concepts, Measures, and Methods for Studying Health Consequences of Discrimination", ranks first with a total of 873 citations. This indicates the significant impact of this article in shaping the understanding of the health consequences of discrimination. The article has an average citation per year of 32.33 and a citation normalization value of 1.00, indicating its consistent influence over time [9].

Lorna Houghton McNeill (2006), with her article "Social Environment and Physical Activity: A Review of Concepts and Evidence", ranks second with 690 citations and an average annual citation rate of 34.50. This research has made

a substantial contribution to the understanding of the relationship between the social environment and physical activity, which influences health disparities across populations [10].

Next, Ruqaiijah Yearby (2020), with her article "Structural Racism and Health Disparities", has accumulated 279 citations, becoming one of the key sources in examining the influence of structural racism on health disparities. This article shows a strong relationship between systemic racism and health disparities [1], with the highest average annual citation rate among the articles, at 46.50.

Jason Schnittker (2005), with his article "The Social Psychology of Health Disparities", recorded 239 citations. This article focuses on the social psychology aspects that contribute to health disparities, particularly in the social and economic context [12]. The article has an average annual citation rate of 11.38.

Research published by Greta R. Bauer (2019), titled "Methods for Analytic Intersectional Categorical Intersectionality in Quantitative Research: Discrimination as a Mediator of Health Inequalities", has garnered 219 citations and offers valuable insights into research methodology that integrates the concept of intersectionality in health disparities studies [13]. This article has an average annual citation rate of 31.29 and a high citation normalization value of 4.13, demonstrating its significant influence in methodological literature.

Another important document contributing to the understanding of health disparities is Lisa F. Berkman (2009) with "Social Epidemiology: Social Determinants of Health in the United States: Are We Losing Ground?", which has been cited 195 times. This article focuses on the social determinants affecting public health, and holds significant value in health sociology studies [14].

With these findings, it is important to acknowledge the central role of these highly cited articles in shaping health policy and guiding future research directions on health disparities influenced by racism and social stratification.

Table 7. Most cited countries

Country	TC	Average Article Citations
USA	2231	48,50
Canada	443	40,30
United Kingdom	274	22,80
Australia	126	31,50
Georgia	78	78,00
Guatemala	72	72,00
Brazil	67	11,20
Spain	67	22,30
New zealand	58	58,00
Colombia	24	24,00

Based on Table 7: Most Cited Countries, this study identifies the countries with the greatest contributions to the literature on health disparities influenced by social factors such as racism and social stratification. These findings illustrate how countries with the highest citation rates play a significant role in shaping the global understanding of this topic.

DISCUSSION

The United States (USA) ranks first with a total citation count (TC) of 2231 and an average citation per article of 48.50. This reflects the dominant role of the United States in global research on health disparities. Many of the widely cited articles come from research examining how social inequality and racism affect access to and outcomes of healthcare in the country, as well as how health policies address these issues.

Canada ranks second with a total of 443 citations and an average citation per article of 40.30. Research in Canada largely focuses on social gaps in the healthcare system, particularly in the context of ethnic diversity and immigration, demonstrating the global relevance of addressing health disparities in this context.

The United Kingdom (UK) follows with 274 citations and an average citation per article of 22.80, making a significant contribution to the field. Research published

by authors in the UK often examines health disparities related to social and economic policies, as well as the impact of the universal healthcare system on reducing social disparities.

Australia records 126 citations and an average citation per article of 31.50. Research in Australia frequently focuses on health disparities faced by Indigenous Australians and other minority groups, as well as the social challenges confronted by the country's healthcare system.

In addition, countries such as Georgia, Guatemala, Brazil, Spain, New Zealand, and Colombia also show important contributions to health disparities research, although with lower citation counts. Georgia and Guatemala, with average citations of 78.00 and 72.00 respectively, highlight health disparities related to social and economic factors in developing countries. Meanwhile, Brazil, Spain, New Zealand, and Colombia offer insights into the health disparities faced by ethnic minority groups and marginalized communities in lower socio-economic conditions.

DISCUSSION

The findings of this study provide deep insights into the trends and developments in the research on health disparities influenced by social factors such as racism and social stratification. Through bibliometric analysis, this study successfully identified the major topics in the literature related to health disparities resulting from social factors, as well as revealed strong interconnections between various concepts such as racism, health disparities, social determinants of health (SDOH), and social justice. These findings suggest that further research should focus on exploring the deeper connections between these social factors to provide a more holistic and comprehensive understanding of health disparities.

Mapping based on co-occurrence data from keywords, as shown in the Word Cloud and Table 5, illustrates how keywords like racism, health disparities, social determinants of health, and ethnicity stand out in the selected literature. Social determinants of health emerged as the most dominant keyword, indicating that the majority of research focuses on the role of social factors in influencing health outcomes, including access to equitable healthcare services. Racism also appears as a dominant keyword, showing that racial discrimination remains a primary barrier to reducing global health disparities. As explained by Braveman et al. (2011), social factors such as where individuals are born, grow, live, work, and age have a significant impact on the health gap between different ethnic groups. Therefore, further efforts are needed to explore the interconnections between SDOH and other factors, such as economic resources, education, and systemic discrimination, which can exacerbate health disparities [15].

In this study, Paradies et al. (2015) stated that the experience of racism is directly related to poor physical and mental health outcomes, as well as overall well-being, including access to healthcare [16]. Structural racism and social discrimination add layers of difficulty faced by minority groups in accessing adequate healthcare services, which contributes to greater health disparities among them. Further research should connect the experience of systemic racism with its impact on health disparities and explore how social and economic policies can be optimized to reduce these inequalities.

Moreover, the findings of this study highlight that, in addition to racism, social discrimination also significantly impacts health disparities. Williams et al. (2019) explained three main domains of racism, structural, cultural, and individual, which negatively affect both mental and physical health outcomes [17]. Structural racism, according to Karvonen et al. (2023), perpetuates injustice within SDOH, leading to unequal distribution of wealth, access to healthcare, and health outcomes across racial groups (18). This finding underscores how racial discrimination within social and economic systems can affect individuals in various ways, worsening their physical and mental health and limiting their access to necessary medical care.

Additionally, this study also reveals that gender, age, poverty, and mental health are key aspects relevant to health disparity studies. Research related to gender indicates disparities based on sex, while age demonstrates how certain age groups, especially the elderly or youth, face inequalities in access to healthcare services. Poverty, as a socio-economic factor, has a

significant impact on health disparities, where individuals in lower economic strata often face major barriers to obtaining adequate healthcare. Mental health issues are increasingly becoming a crucial focus in this research, given the high disparities in mental healthcare, which is often influenced by social stigma and discrimination.

In the analysis based on Table 7, countries with the highest citation contributions, such as the United States, Canada, United Kingdom, and Australia, demonstrate the dominance of developed countries in generating health disparity literature. Nevertheless, this study also highlights the importance of international collaboration, with contributions from developing countries such as Guatemala, Brazil, and Colombia, offering valuable perspectives on the challenges of health disparities within lower socio-economic contexts. Australia, despite having a more advanced healthcare system, still shows significant disparities, particularly among minority ethnic groups such as the Aboriginal population, emphasizing the need for further research on the impact of racism on health in countries with universal healthcare systems.

Mapping the main authors and institutions in this study indicates significant contributions from prominent institutions such as King's College London, New York University, and Universidade de São Paulo, which play a key role in driving global discussions on health disparities. However, although a few institutions dominate, the findings also note that the topic of health disparities involves many authors and institutions from various parts of the world, reflecting the multidisciplinary and international nature of this issue.

Overall, the findings emphasize the need for more holistic and inclusive research in studying health disparities caused by social factors such as racism and social stratification. While progress has been made in understanding this issue, there are still many gaps in the research that need to be addressed, particularly concerning the integration of racism, social discrimination, and disparities in health outcomes. Researchers and policymakers need to continue focusing on solutions based on social justice, equal access to healthcare, and efforts to eliminate discrimination at all levels of society.

Structural racism, cultural racism, and individual discrimination have been identified as key contributors to health disparities. Williams et al. (2019) pointed out that these three aspects affect health outcomes both directly and indirectly, with evidence showing that individuals who experience racism tend to have worse physical and mental health (17). Structural racism, in this context, refers to policies and practices that systematically benefit certain groups while disadvantaging others [19]. Thus, it is crucial to develop policies that address these inequalities at both structural and social levels to achieve a fairer healthcare system for all.

CONCLUSION

This bibliometric analysis underscores the critical trends in the intersection of racism, social stratification, and health disparities. The findings indicate a dominant focus on literature from developed nations, such as the United States, Canada, and the United Kingdom, while highlighting the persisting need for international collaboration and the inclusion of research from developing countries. As observed in the work of Sweileh et al. (2018), while these developed nations contribute substantially to the literature on health disparities, the perspectives from low- and middle-income countries offer valuable insights into how health inequities manifest differently in various sociopolitical contexts [20]. This emphasizes the importance of broadening the scope of research to include these diverse viewpoints, as suggested by Omar et al. (2021) and Pernitez-Agan et al. (2024)[21,22].

The role of racism in perpetuating health inequities is profound, with both structural and cultural racism significantly influencing access to and quality of healthcare for marginalized populations. As highlighted by Patel et al. (2020), individual discrimination and systemic racism contribute to the reluctance of minority groups to seek healthcare, driven by the anticipated negative experiences with the healthcare system [23]. Furthermore, McAlister (2009) explains how moral disengagement among healthcare providers further entrenches these disparities, allowing health inequities to persist without accountability [24]. These findings

reinforce the need for comprehensive public health policies aimed at addressing the root causes of these health disparities.

Moreover, there is a clear call for further research to explore the complex interplay between racism, social stratification, and health outcomes, as noted by Sweileh et al. (2018) and Omar et al. (2021) [20,21]. While progress has been made, significant gaps remain, particularly in understanding the dynamics in low- and middle-income countries. The importance of international collaboration is highlighted, with research efforts needing to be more inclusive to better capture the varying contexts of health disparities across different regions. Pernitez-Agan et al. (2024) emphasize that coordinated global efforts can enrich our understanding of health inequities and provide a more holistic view of the challenges at hand [22].

Additionally, the importance of incorporating health equity into public health education is underscored by Njoku & Wakeel (2018) and Gonzales et al. (2018). They argue that health equity should be central to public health curricula, equipping future professionals with the necessary tools and understanding to address these disparities effectively [25,26]. The inclusion of these themes in academic settings can foster a workforce capable of effecting meaningful change in tackling health inequities.

In conclusion, the study affirms that addressing health disparities requires a multifaceted approach, combining policy reform, educational efforts, and systemic interventions. The research shows that while significant progress has been made, ongoing efforts are needed to empower communities and dismantle the structural and social barriers that continue to hinder health equity. Future research should build upon these foundations, focusing on bridging gaps, enhancing international collaboration, and ensuring that policies and practices effectively address the root causes of health disparities.

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Competing Interests

The no competing interests .

REFERENCES

1. Hipp JR, Wang Y, O'Shea NG, Faris RW, Espelage DL, Valido A, et al. Measuring the spatial scale of structural racism and discrimination: Consequences for estimated life expectancy. Soc Sci Med. 2025 Jan;389:118811.
2. Akingbade O, Cabrera E, Subashchandran V, Yang R, Shah N, Patel H, et al. Sociodemographic Disparities in Obtaining Cardiac MRI: Black, White, and Shades of Gray. Curr Cardiol Rep. 2025 Dec 27;27(1):62.
3. Ogbeiwi O, Ilyas A, Harper M, Khan W. Ethnic Disparities in Access to Mental Health Services for Black and Asian Migrants in Major Resettlement Countries. J Racial Ethn Health Disparities. 2025 Dec 5;12(6):3676–88.
4. Bouchard L, Albertini M, Batista R, de Montigny J. Research on health inequalities: A bibliometric analysis (1966–2014). Soc Sci Med. 2015 Sep;141:100–8.
5. Marmot MG, Stansfeld S, Patel C, North F, Head J, White I, et al. Health inequalities among British civil servants: the Whitehall II study. The Lancet [Internet]. 1991 Jun 8;337(8754):1387–93. Available from: https://doi.org/10.1016/0140-6736(91)93068-K
6. Almeida J, Netz N, Nika D, Krzaklewska E, Aguiar J, Botezat A, et al. The impact of the Covid-19 pandemic on social inequalities in international student mobility: a scoping review. Comp Migr Stud. 2025 May 7;13(1):27.

7. Ellili NOD. Bibliometric Analysis and Systematic Review of Environmental, Social, and Governance Disclosure Papers: Current Topics and Recommendations for Future Research. Environ Res Commun. 2022;4(9):092001.
8. Chen C. Science Mapping: A Systematic Review of the Literature. Journal of Data and Information Science. 2017;2(2):1–40.
9. Krieger N. Embodying Inequality: A Review of Concepts, Measures, and Methods for Studying Health Consequences of Discrimination. International Journal of Health Services. 1999 Apr 1;29(2):295–352.
10. McNeill LH, Kreuter MW, Subramanian SV. Social Environment and Physical activity: A review of concepts and evidence. Soc Sci Med. 2006 Aug;63(4):1011–22.
11. Yearby R. Structural Racism and Health Disparities. Journal of Law, Medicine & Ethics. 2020 Jan 1;48(3):518–26.
12. Schnittker J, McLeod JD. The Social Psychology of Health Disparities. Annu Rev Sociol. 2005 Aug 1;31(1):75–103.
13. Bauer GR, Scheim AI. Methods for analytic intercategorical intersectionality in quantitative research: Discrimination as a mediator of health inequalities. Soc Sci Med. 2019 Apr;226:236–45.
14. Berkman LF. Social Epidemiology: Social Determinants of Health in the United States: Are We Losing Ground? Annu Rev Public Health. 2009 Apr 1;30(1):27–41.
15. Braveman P, Egerter S, Williams DR. The Social Determinants of Health: Coming of Age. Annu Rev Public Health. 2011;32(1):381–98.
16. Paradies Y, Ben J, Denson N, Elias A, Priest N, Pieterse AL, et al. Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. PLoS One. 2015;10(9):e0138511.
17. Williams DR, Lawrence JA, Davis BA. Racism and Health: Evidence and Needed Research. Annu Rev Public Health. 2019;40(1):105–25.
18. Karvonen KA, Balay-Dustrude E, Do A, Bradford MC, Phipps AI, Rosenberg AR. Race, Ethnicity, and Experienced Racism Are Associated With Adverse Physical and Mental Health Outcomes Among Cancer Survivors. Cancer. 2023;129(19):3023–33.
19. Gee GC, Ford CL. Structural Racism and Health Inequities. Du Bois Rev. 2011;8(1):115–32.
20. Sweileh WM, Wickramage K, Pottie K, Hui C, Roberts B, Sawalha AF, et al. Bibliometric Analysis of Global Migration Health Research in Peer-Reviewed Literature (2000–2016). BMC Public Health. 2018;18(1).
21. Omar S, Nixon S, Colantonio A. Integrated Care Pathways for Black Persons With Traumatic Brain Injury: A Critical Transdisciplinary Scoping Review of the Clinical Care Journey. Trauma Violence Abuse. 2021;24(3):1254–81.
22. Pernitez-Agan S, Bautista MAC, Lopez J, Sampson M, Kapilashrami A, Garabiles MR, et al. Expert Consensus on a Protocol for Conducting Bibliometric Analysis of Scientific Articles on Global Migration Health (GMH). BMJ Open. 2024;14(6):e080729.
23. Patel JA, Nielsen FBH, Badiani AA, Assi S, Unadkat VA, Patel B, et al. Poverty, Inequality and COVID-19: The Forgotten Vulnerable. Public Health. 2020;183:110–1.
24. McAlister AL. Moral Disengagement and Tolerance for Health Care Inequality in Texas. Mind & Society. 2009;9(1):25–9.
25. Njoku A, Wakeel F. Infusing Health Disparities Awareness Into Public Health Curricula at a Rural Midwestern University. Pedagogy Health Promot. 2018;5(2):139–46.
26. Gonzales G, Quinones N, Martin M. Health Equity Curricula Within Health Policy and Management Concentrations in U.S. Public Health Graduate Programs. Pedagogy Health Promot. 2018;5(4):276–82.