



Subject Area : Medical

HEALTH EQUITY IN THE CONTEXT OF HOME OFFICE WORK: A
SYSTEMATIC REVIEW OF SOCIAL DETERMINANTS AND PUBLIC HEALTH
IMPLICATIONS

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ARTICLE INFO		ABSTRACT
Received 30 th July 2025 Received in revised form 06 th August, 2025 Accepted 10 th August 2025 Published online 15 th August, 2025		Background: The COVID-19 pandemic accelerated the adoption of remote work, raising new questions about health equity in home office settings. While remote work offers flexibility and reduces commuting-related stress, it may exacerbate existing social inequalities in access to healthy work environments, ergonomic office setups, and mental well-being support Methods: A systematic literature review was conducted following PRISMA-S guidelines. We searched multiple databases for studies examining health equity in remote work settings, focusing on social determinants of health as defined by the World Health Organization. Studies were included if they addressed occupational health disparities, mental well-being, work-life balance, or digital accessibility in remote work contexts, with particular attention to the German and European context. Results: The review identified significant disparities in occupational health outcomes, mental well-being, work-life balance, and digital accessibility across different socioeconomic groups. Workers in higher-income positions typically have better access to ergonomic equipment and employer support, while lower-income workers face increased risks of musculoskeletal disorders and mental health challenges. Digital inequality and accessibility barriers further compound these disparities. Conclusion: Remote work has created new dimensions of health inequality that require targeted policy interventions and employer initiatives. Recommendations include government subsidies for home office equipment, mandatory employer support for ergonomic setups, enhanced digital inclusion programs, and implementation of “right to disconnect” legislation.
Key words: Social determinants of health, occupational health, health equity, remote work, home office, digital inequality, work-life balance		
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INTRODUCTION

The modern workforce underwent fundamental changes due to the transition to remote work, accelerated by the COVID-19 pandemic [1]. While the home office model offers flexibility and autonomy, it simultaneously accentuates health equity gaps rather than reducing them. The sudden shift to remote working has transformed work environments across Europe and globally, creating both opportunities for greater accessibility and pronounced structural disadvantages for economically disadvantaged workers, those in poor housing conditions, the digitally excluded, and health-compromised individuals.

In remote settings, social determinants such as income, housing conditions, access to digital infrastructure, and occupational

status significantly influence workers’ health outcomes in Germany and other European countries. Health equity, as defined by the World Health Organization, ensures that all individuals, regardless of their socioeconomic background, can access optimal health resources and opportunities. However, in the context of working from home, disparities manifest as unequal access to ergonomic workspaces, mental health support, and work-life balance resources.

Lower-income households often face challenges including poor workstations, increased psychosocial burden, and blurred boundaries between professional and personal life. This systematic review investigates how the shift to working from home affects health disparities in Germany and Europe, specifically examining occupational health, mental well-being, and social determinants of health. We also present policy measures that may mitigate the inequalities identified.

THEORETICAL FOUNDATIONS

Health equity, central to public health practice, has increasingly

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been viewed through social determinants and health justice perspectives [2]. As digital and remote work become normalized, classic assumptions about workplace health, ergonomics, and psychological support are being challenged. Emerging literature recognizes that structural determinants of health—including economic insecurity, housing insufficiency, and restricted digital access—interact with organizational policies that may disadvantage certain worker populations.

The conceptualization of social determinants of health, separating material and psychosocial pathways, has been widely applied to describe remote work settings [3]. In home office environments, employees often encounter “spatial constraints,” where living environments restrict proper workspace organization or ergonomic design. These become particularly problematic for economically disadvantaged groups, who are more likely to experience both housing scarcity and digital exclusion.

The term “systemic health exclusion” has been introduced to describe occasions when health issues of people facing disadvantages are overlooked by policies or administrative plans in the remote workplace [4]. Through this concept, we understand that health inequities are caused by organizational structures and policies, not just individual circumstances.

Health equity frameworks for remote work have evolved from public health theory to workplace applications [5]. This theoretical approach highlights that differential access to health-promoting resources may cause unequal health status at work, and that specific interventions may address these issues and level health gradients in workplace settings. Well-crafted organizational policies can support health equity, but only when socioeconomic differences in remote work are explicitly addressed by employers.

STUDY OBJECTIVES

This systematic review aims to synthesize theoretical and empirical literature on social determinants of health and health equity as deployed in remote work practices, particularly in socioeconomically stratified and structurally unequal settings. Specifically, the review aims to:

1. Identify how health inequities arise in remote work settings, particularly through socioeconomic circumstances and structural inequalities
2. Examine how equitable workplace assistance processes can address differential health outcomes among teleworkers
3. Analyze the impact of remote work on occupational health disparities, mental well-being, and work-life balance
4. Assess digital accessibility and inequality barriers in remote work contexts
5. Develop a comprehensive theoretical framework to guide more inclusive remote work health policy
6. Provide evidence-based recommendations for practice, policy, and organizational interventions

Through addressing these objectives, this paper contributes to new literature dedicated to how workplace health policy may enhance its role in ensuring health equity [6].

METHODOLOGY

Study Design and Protocol

This systematic review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews (PRISMA-S) guidelines. The review protocol was developed a priori to examine health equity implications of remote work arrangements, incorporating both theoretical and empirical perspectives on social determinants of health in telework contexts.

Search Strategy and Selection Criteria

A comprehensive literature search was conducted using a public health framework, specifically utilizing social determinants of health as defined by the World Health Organization. Extensive searches were conducted across multiple research databases including PubMed, Scopus, Taylor & Francis Online, SpringerLink, and SAGE Journals between January 2020 and March 2025.

Boolean search operators were employed in various combinations including:

“social determinants of health” AND “remote work”

“health equity” AND “home office”

“occupational health” AND “telework”

“digital inequality” AND “remote work”

“work-life balance” AND “health equity”

“ergonomics” AND “home office”

Additional search techniques included citation tracking of seminal articles and hand-searching prominent public health and occupational health journals to ensure comprehensive coverage.

Inclusion and exclusion criteria

The inclusion criteria for this systematic review encompassed peer-reviewed journal publications that examined health equity in remote work settings, with particular focus on research addressing occupational health disparities in home office environments. Studies investigating mental well-being and work-life balance in remote work contexts were included, as were research projects focusing on digital accessibility and inequality in remote work arrangements. The review prioritized studies conducted in European contexts with particular emphasis on Germany, while also including publications that addressed social determinants of health in remote work settings more broadly. Both conceptual and theoretical studies, as well as empirical research published between January 2020 and March 2025, were considered eligible for inclusion.

Studies were excluded from the review if they did not address health equity aspects or were conducted exclusively in non-European contexts without transferable findings to the European setting. Research focusing solely on productivity measures without health considerations was excluded, as were articles published in languages other than English without accessible abstracts. Non-peer-reviewed sources, including conference proceedings, grey literature, and opinion pieces, were also excluded to maintain the scientific rigor of the review. These criteria ensured that the final selection of studies would provide relevant, high-quality evidence for understanding

health equity implications in remote work settings within the European context.

Study Selection Process and Data Extraction

After duplicate removal and initial screening, titles and abstracts were reviewed by two independent reviewers to identify studies that met the predefined inclusion criteria. Studies meeting initial screening requirements underwent full-text assessment, with disagreements resolved through discussion with a third reviewer to ensure consensus. This systematic approach resulted in a total of 33 sources being deemed eligible and selected for final inclusion and analysis.

A standardized data extraction form was developed to capture key theoretical concepts, empirical findings, and practice implications from the selected studies. The data extraction process focused on several key domains that were central to understanding health equity in remote work settings. Socioeconomic circumstances were examined, including income disparities, job security, employer support for ergonomic workspaces, availability of financial resources for workplace equipment, and long-term employment stability [7]. The home office environment was analyzed based on the quality of work environment related to housing conditions, financial capacity to invest in ergonomic furniture, and differential housing access effects on physical health, particularly musculoskeletal disorders [8].

Mental health and social factors constituted another crucial domain of data extraction, with particular attention to remote work effects on mental health, stress, and work-life balance. The extraction process examined differential impacts of isolation, workload, and blurred personal-professional boundaries across gender and socioeconomic status. Digital infrastructure access was also systematically assessed, including access to high-speed internet, digital tools, and technological literacy across different socioeconomic groups and geographic locations.

Thematic analysis was employed to synthesize findings from the extracted data, utilizing social determinants of health theory, health equity frameworks, and critical public health perspectives as interpretive lenses. The analytical strategy enabled identification of recurring themes and theoretical convergence points throughout the literature, providing a comprehensive understanding of how remote work affects health equity across different population groups. Four researchers independently coded a subsample of articles to establish coding reliability prior to comprehensive thematic analysis, ensuring the validity and reliability of the analytical process.

RESULTS

The systematic search identified 33 eligible studies examining occupational health dynamics, mental well-being, work-life balance, and digital accessibility in remote work settings. Clear disparities emerged related to socioeconomic status, gender, and geographic location [9]. While some workers benefit from increased flexibility and autonomy, others face greater obstacles including unequal resource access, lack of employer support, and pre-existing social inequalities.

Physical Health Disparities in Home Office Environments

Access to ergonomic home office equipment remains a critical

factor in occupational health outcomes for remote workers. Workers in high-paying industries such as finance, IT, and consulting often receive employer-provided ergonomic chairs, desks, and technology, promoting healthier work environments [10]. Conversely, middle and lower-income employees, including administrative personnel, freelancers, and part-time workers, often work in non-ergonomic environments, increasing their risk of musculoskeletal disorders including chronic back pain, neck strain, and carpal tunnel syndrome.

A 2021 study by the German Federal Institute for Occupational Safety and Health (BAuA) revealed that over 40% of remote workers experienced increased back pain and eye strain due to inadequate workstations [11]. Without proper ergonomic setups funded by employers, workers resort to using kitchen tables, sofas, or beds, which lack appropriate lumbar support and height adjustment, leading to poor posture and long-term health issues.

Home work environments tend to systematically favor workers with larger homes, economic means for ergonomic furniture, and separate working spaces over workers with cramped spaces, shared living arrangements, or economic limitations [12]. Low-income workers, renters in small apartments, and multi-generational household members are particularly affected by ergonomic constraints in home environments [13]. Physical home settings are also more systematically dense, noisy, or environmentally degraded in lower-income dwellings, impacting concentration and bodily comfort throughout the workday.

Additionally, freelance and gig economy workers increasingly lack occupational health benefits provided through formal employer arrangements. These workers must improve their ergonomic home offices at their own expense or continue working in suboptimal conditions, deepening health disparities [14]. Addressing these disparities requires policy interventions including government subsidies for home office equipment, employer mandates for ergonomic support, and improved access to occupational health resources for all workers.

The concept of “ergonomic democracy” has been proposed as a potential solution to physical health inequalities, involving organizations providing differential support based on need rather than uniform allocations that disproportionately benefit already-resourced staff [15].

Structural Determinants Reinforcing Health Inequities

The second major theme examines how structural factors—including poor housing standards, unequal income access, differences in internet service, and geographic variations—play roles in increasing health challenges associated with remote work [1]. Housing conditions significantly affect workers’ ability to maintain physical and mental well-being while working from home, with housing insecurity changing not only financial status but also abilities to live and work healthily [16].

Whether adequate health support is provided in telework settings depends heavily on these material circumstances. Individuals experiencing economic difficulty often lack funds, sufficient space, or necessary equipment to arrange workspaces properly. Their well-being may be overlooked due to missing elements required for proper home offices, which are often

based on middle-class assumptions about living conditions.

The concept of “organizational health blindspots” has been introduced to explain how organizational policies can consistently fail to notice and address problems of lower-income workers [17]. Offering differential supports and resources through remote work policies enables organizations to determine which health factors are prioritized, and where resources are unequal, this can negatively affect marginalized workers despite apparent concern for worker health.

Digital connectivity disparities prevent some workers from enjoying the same health benefits as others in remote work settings [1]. Germany’s dual labor market, differentiating between permanent employees with full benefits and precarious workers with minimal protections, exacerbates health inequities [18]. Many workers lack access to health insurance, paid sick leave, or employer-supplied home office support.

The growth of platform-based gig work, which classifies workers as independent contractors, further erodes social protections and exacerbates health inequities. Strengthening labor protections for non-traditional workers, extending health benefits, and providing financial support for home office needs are essential to prevent remote work from widening socioeconomic divides [19].

Mental Well-being and Work-Life Balance Issues

Remote work’s mental health impact varies significantly depending on socioeconomic group, gender, and household composition. Employees with stable work environments and strong digital connectivity experience increased job satisfaction and reduced commuting-related stress [20]. However, for many workers, particularly those in lower income brackets or with caregiving responsibilities, remote work has contributed to increased stress, anxiety, and social isolation.

Studies indicate that home office workers with children-predominantly women-experienced significant emotional impact during the pandemic [21]. Caregiving responsibilities disproportionately affected women, who were forced to balance full-time work with household duties and childcare. Without adequate childcare support and with expectations of constant availability, this led to increased stress, burnout, and decreased productivity.

The psychosocial properties of telework differentially impact teleworkers along socioeconomic gradients [20]. Management of workload, professional versus personal life boundaries, and availability of psychological support become particularly crucial sites for exploring telework-related mental health inequities. Without attention to diverse living circumstances, telework policy can create “psychological overload” that most burdens teleworkers with caregiving responsibilities, less private space, or poor social support.

Social isolation has emerged as a significant issue, particularly for individuals living alone or in rural areas with limited social contact [22]. Remote work environments lack both professional collaboration and social engagement typically found in office settings. Prolonged isolation can result in increased rates of depression and anxiety, particularly among younger employees and those who rely on workplace interaction for emotional and

professional support.

The blurring of professional and personal life boundaries represents one of the most serious remote work challenges. While some employees with well-equipped home offices can clearly separate work and home life, many workers in smaller apartments or shared accommodations struggle to maintain distinct work and personal spaces and to disconnect from work demands.

Survey data indicates that 65% of remote workers had difficulty maintaining healthy work-life balance, with many working significantly longer hours due to feeling required to be constantly available [23]. Digital presenteeism has led to widespread exhaustion and burnout, with pressure to remain online and responsive outside normal work hours.

Digital overload, characterized by constant exposure to emails, video calls, and instant messages, has contributed to cognitive fatigue [24]. Employees report feeling overwhelmed by communication volume and struggling to disconnect after work hours. The lack of structured office environment makes it easier to extend work into evenings and weekends, creating ongoing stress.

Digital Inequality and Accessibility Barriers

While digitalization enables remote work, it has highlighted social differences in access to high-speed internet, digital tools, and technological literacy [25]. Not all workers can access essential digital infrastructure needed for productive and secure remote work. In Germany, rural areas experience broadband infrastructure gaps, limiting residents’ remote work opportunities. While urban workers typically have high-speed internet access, those in underdeveloped areas face slow or unreliable connections, complicating remote collaboration.

The German government’s Gigabit Strategy 2025 aims to improve nationwide internet coverage, but current gaps remain barriers to equitable remote work opportunities. Digital literacy represents another critical factor, particularly disadvantaging older workers or those with limited educational backgrounds [26]. Many workers, especially those in traditional industries, struggle with digital tools including video conferencing software, project management platforms, and cybersecurity best practices.

Without employer-provided training programs, these workers cannot effectively adapt to remote work, hindering career progression and increasing stress levels. The concept of “digital divide” has become particularly relevant, as technology access intersects with other social determinants to create compounding disadvantages for certain worker populations.

Employers can bridge the digital divide by providing training for workers with limited digital literacy and ensuring adequate technology access for all employees. Government support should include subsidies for low-income individuals, improved digital infrastructure in rural areas, and programs ensuring low-income populations obtain necessary digital tools [27].

DISCUSSION

Integrated Theoretical Framework

This systematic review illustrates that health equity in remote work settings relies not only on structural changes but on

specific interventions that critically analyze who is exposed to health-enhancing resources and what adequate support entails for varied socioeconomic contexts [28]. The research provides a comprehensive framework that incorporates aspects from social determinants theory, health equity frameworks, and critical public health perspectives to organize more equitable practice.

The transition to remote work has highlighted significant health disparities requiring comprehensive intervention to ensure equitable remote work opportunities across different socioeconomic groups [29]. While remote work offers flexibility and autonomy, it introduces new health and well-being challenges related to occupational health, digital access, and work-life balance. Without targeted policy interventions and employer support, these disparities risk accelerating existing labor market inequalities.

This framework envisions health equity both as an ethical standard and a working goal. As an ethical standard, it means organizations recognizing how resource allocation sustains broader social injustices and pledging to more inclusive practices. As a working goal, it demands particular strategies for meeting varied health requirements, redistributing resources progressively, and scrutinizing organizational assumptions about workers' home lives.

Addressing Socioeconomic Disparities

Economic stability and occupational health access are vital for health equity in remote work settings [30]. Workers in lucrative positions often receive employer-provided ergonomic equipment and have financial resources for comfortable home office setups. Conversely, workers in low-wage sectors including administrative staff, freelancers, and gig economy participants often work in suboptimal conditions, increasing their risk of long-term health problems including musculoskeletal disorders and chronic stress.

Employers and policymakers must address these disparities by ensuring all workers, regardless of income level, have access to ergonomic support and financial assistance for home office setups. Potential solutions include government subsidies for home office grants to low-income workers for ergonomic furniture and equipment investment [31]. Employers should be encouraged or mandated to contribute to employee home office expenses for full-time remote workers.

Mental Health Support and Work-Life Balance

While remote work eliminates commuting stress, it introduces new mental health challenges including social isolation, digital overload, and blurred work-life boundaries [32]. Without structured office environments, many employees struggle to separate professional and personal lives, resulting in increased stress and burnout.

Employers and policymakers must pursue comprehensive mental health strategies to support remote workers. Establishing clear working hour guidelines is critical for preventing digital overload. The expectation of constant availability, email responsiveness, and virtual meeting participation creates arbitrary boundaries for many employees. Implementing strict policies regarding work hour expectations and promoting cultures that honor employee time off can address this issue.

European countries including France and Spain have implemented "Right to disconnect" laws, prohibiting employers from expecting employees to be available online after normal working hours. Similar legislation in Germany could protect remote employees from excessive workload pressures and help establish healthier work-life boundaries.

Enhancing Digital Inclusion

Digital accessibility represents a fundamental component of remote work equity, yet workers face unequal access to high-speed internet, secure digital tools, and competent usage training [1]. Rural areas and lower-income households often experience limited broadband connectivity, placing employees at disadvantages for thriving in remote work environments.

Digital literacy presents significant challenges, particularly for older employees and those with limited education [25]. Many companies assume employees readily adapt to digital tools, but complex software, virtual communication platforms, and cybersecurity protocols can be challenging. Expanding digital training programs to provide workers with necessary skills for remote work success is essential for bridging this gap.

RECOMMENDATIONS

Practice Recommendations

From this systematic review, several specific recommendations emerge for remote work health practice. Organizations should implement progressive resource allocation approaches that recognize differential needs and place workers with fewer resources in positions to achieve comparable health outcomes [33]. Such approaches involve tiered ergonomic support, targeted technological assistance, and customized work arrangements that account for diverse living situations. Healthcare practitioners and occupational health professionals must establish contextual sensitivity to understand how housing conditions affect the health of workers in remote environments [1]. This entails recognizing how apartment size, common living areas, noise levels, and other environmental conditions affect workers' ability to achieve physical and mental well-being while working at home.

Remote work health programs should develop responsive support strategies that are sensitive to variable home conditions and socioeconomic status. Flexibility is particularly valuable in remote settings, where residential and technological mediation both facilitate and limit the pursuit of health equity according to resource allocation. Organizations must use transparent communication practices that make organizational support choices transparent to all employees [34]. Through expression of available resources and integration of worker input into policy-making, organizations can break information gaps that often disadvantage less-resourced workers. Health equity accountability should be incorporated into program evaluation by regularly comparing differential health outcomes between socioeconomic groups, tracking whose needs drive resource allocation, and assessing differences in whose health takes priority within organizational settings.

Organizational Recommendations

Organizations must fundamentally rethink their policy frameworks to position consideration of socioeconomic diversity at the core of remote work policy rather than

as secondary considerations [35]. This involves making health equity values visibly present across organizational documentation and embedding them into decision-making processes. Remote work policies should infuse diverse living conditions into core resource planning, including room constraints, caregiving obligations, and financial limitations. Socioeconomic consciousness allows organizations to perceive the limits of one-size-fits-all approaches and develops institutional sensitivity to varied needs.

Management training programs should be organized to increase sensitivity to how remote work impacts employees differently depending on home conditions [36]. This includes offering instructions on equitable supervision and helping managers work through contradictions between standardized expectations and tailored accommodations. Organizations must construct inclusive virtual collaboration spaces that foster inclusive participation instead of reinforcing traditional hierarchies. As digital collaboration increasingly becomes part of organizational life, deliberate design of virtual interaction is crucial to fostering equitable engagement and preventing the reproduction of existing workplace inequities in digital environments.

Policy Recommendations

Polymakers should establish comprehensive occupational health guidelines that create specific standards for home office setups to prevent long-term musculoskeletal disorders and ensure employees work in ergonomically safe environments [7]. These regulations should include minimum ergonomic requirements for remote workstations and mandatory employer-provided home office support, with particular attention to workers who lack the financial resources to create appropriate workspaces independently. Governments should utilize tax incentives to help employers meet home office setup costs through strategic tax breaks. Countries including the Netherlands and UK demonstrate how tax incentives can encourage companies to invest in employee remote work infrastructure, and similar approaches should be adopted more broadly.

Legislation should be implemented to protect employees' right to disconnect from work after hours, eliminating situations where remote workers feel coerced into unpaid overtime and preserving work-life balance boundaries. This type of legislation, already successfully implemented in France and Spain, prohibits employers from expecting employees to be available online after normal working hours and has shown positive results in reducing worker burnout and stress. Policy frameworks must integrate socioeconomic diversity by mandating serious consideration of differential needs in policy formulation, implementation, and assessment [17]. Such consideration must go beyond token recognition to actual resource reallocation based on need, ensuring that remote work policies do not inadvertently favor workers who already have access to better resources.

Finally, comprehensive policy interventions should be implemented to close digital divides by enhancing technology access, connectivity quality, and digital literacy formation. As work becomes increasingly digital, digital equity is essential for workplace health equity overall, requiring coordinated efforts to ensure that all workers have access to the technological

infrastructure and skills necessary to participate effectively in remote work arrangements.

Limitations

This systematic review has several limitations. The rapid evolution of remote work practices means that evidence is constantly emerging, and long-term health outcomes may not yet be fully understood. Additionally, the focus on German and European contexts may limit generalizability to other regions with different labor laws and social protection systems. The quality and methodology of included studies varied, and publication bias toward studies showing negative health effects cannot be ruled out. The synthesis of both theoretical and empirical literature, while comprehensive, may have introduced heterogeneity in findings that could affect interpretation.

CONCLUSION

The transition to home office work presents both opportunities and challenges for health equity. While remote work offers certain advantages for well-being, it compounds existing social inequalities, highlighting the need for targeted policies and employer initiatives to address occupational health disparities, mental health challenges, digital access gaps, and various other challenges affecting vulnerable worker populations.

Remote work has created new dimensions of health inequality that require comprehensive intervention to ensure equitable opportunities across different socioeconomic groups. The evidence demonstrates that without intervention, remote work risks exacerbating existing health inequalities. However, with appropriate policy responses including ergonomic support subsidies, digital inclusion programs, mental health resources, and work-life balance protections, remote work can become a more equitable arrangement that benefits workers across all socioeconomic levels.

Achieving health equity in remote work requires comprehensive reform at supranational and national levels, addressing labor market policies, digital inclusion, and mental health support. Through extensive policy implementation, Germany and other European countries can become leaders in creating legitimate and healthy remote work environments for the future of work.

Future research should focus on longitudinal studies examining long-term health outcomes of remote work arrangements, evaluation of policy interventions' effectiveness, and development of standardized metrics for measuring health equity in remote work contexts. Additionally, investigation of innovative solutions for digital inclusion and mental health support in remote work environments will be crucial for creating truly equitable remote work policies.

DECLARATIONS

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