Review Article

Exploring the role of nursing in addressing social determinants of health

Bhavna Rani[1], Saumya P. Srivastava[2]*, Shefali Thakur[3]

[1]Department of Medical-Surgical Nursing, Baba Farid University of Health Sciences, Faridkot Punjab, India
[2]Department of Medical-Surgical Nursing, Uttar Pradesh University of Medical Sciences, Saifai, Etawah, Uttar Pradesh, India
[3]Department of Obstetrics and Gynecology Nursing, Ramakrishna Mission Vivekananda College of Nursing, Lucknow, Uttar Pradesh, India

*Correspondence:
Dr. Saumya P. Srivastava,
E-mail: saumya12.aiims@gmail.com

ABSTRACT

Social determinants of health (SDOH) significantly shape an individual's well-being and health outcomes. These factors include education, income, housing, food security, and social support. There is growing recognition of the impact of SDOH on health inequities, particularly among marginalized populations. Nursing has a role in addressing these social determinants and promoting health equity. By working with community organizations and resources, nurse informaticists, nurse leaders and educators can support patients in accessing appropriate services and resources. Addressing SDOH is crucial for achieving health equity and improving overall population health. Nurses, with their holistic approach to patient care and the unique opportunity to build relationships with patients, play a critical role in addressing SDOH. By prioritizing SDOH in their practice and collaborating with interdisciplinary team members, nurses can reduce health inequities and promote optimal health outcomes for all individuals. It is essential for nurses, nurse informaticists, nurse leaders and nurse educators to actively engage in initiatives that integrate SDOH into healthcare systems and advocate for policies that address the social factors affecting health.

Keywords: SDOH, Nursing care, Health outcomes, Health policies, Health inequities

INTRODUCTION

The world health organization (WHO) defines SDOH as follows: The conditions in which people are born, grow, work, live, and age, and the broader set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.[1]

SDOH significantly shape an individual's overall well-being and health outcomes. These determinants, including education, income, housing, food security, and social support, can greatly impact a person's access to healthcare and ability to achieve optimal health. Socioeconomic factors, health-related behaviors, and environmental factors account for up to 80% of a person's health.[2] Proactive patient care should strongly emphasise identifying these SDOH and assisting patients in managing them.[3] In recent years, there has been growing recognition of the impact of SDOH on health inequities, particularly among marginalized populations.

Health equity can be attained at a population level by addressing SDOH and on an individual level by addressing social needs. Everyone benefits from health equity in several ways, such as national security, a healthier environment, and economic growth. Cross-sector cooperation and, when necessary, enabling policies, laws, and community interventions will be required to promote health and health equity at both the population- and individual levels.[4]

The effects of the healthcare system create an additional layer of determinants due to variations in access and service quality. Health equity must be prioritised in the healthcare sector, and steps to minimise gaps must be incorporated into health programmes and services to improve population health. One of the fundamental ideas for fostering more equitable health outcomes for patients, families, and communities is training doctors, nurses, and other allied health professionals on addressing the SDOH.[5] Furthermore, the health care system can address inequities by enhancing equitable access to health care and developing multisector solutions to enhance health status, such as providing access to healthy food, reliable transportation, and links to other social services as required.[6] Therefore, healthcare professionals, including nurses, must address these social determinants and promote health equity. For nurses to address health equality, they must thoroughly understand the intricate relationship between SDOH and health.

UNDERSTANDING HEALTH INEQUITIES, SDOH AND ITS ASSOCIATION WITH HEALTH OUTCOMES

Health inequities refer to systematic differences in the opportunities that different groups have to achieve optimal health, leading to unfair and avoidable differences in health outcomes. These inequities disproportionately affect individuals from marginalized communities, including people of different races, the LGBTQ community, people with disabilities, those with low income, and those living in rural areas. The national academy of sciences defines health inequities as disparities that arise from the SDOH.[7]

SDOH are the social and environmental conditions in which people live, including food security, education, housing, transportation, and social support. These determinants significantly influence a person's ability to access healthcare services and adhere to treatments necessary for their well-being. Research has shown that SDOH determines up to 80% of a person's health.[6,8]

SDOH and its associated factors are among the strongest predictors of the population's health status. For instance, several studies indicate that between 30 and 55 percent of health outcomes may be attributed to SDH. All sectors of society, as well as civil society, must act to address SDH in a way that will improve health and lessen enduring health inequities.[1]

Social status influences an individual's health, as it is evident that low-socioeconomics and less empowered people who tend to reside and operate in more impoverished conditions are predisposed to multiple risk factors, which can lead to chronic diseases such as diabetes and cardiovascular diseases.[5,9] Also, dietary deficits, frequent in homes experiencing food insecurity, might raise the risk of developing chronic diseases. In addition to this, social isolation and material deprivation are both exacerbated by low income. It is more challenging for people to engage in cultural, educational, and recreational activities when they lack financial resources.[5]

In connection, access to health services is limited due to disparities in several factors, such as lack of health insurance coverage and shortage of medical professionals. Studies have reported that those without health insurance are significantly less likely to receive preventive care for the severe health disorders as well as the chronic diseases.[10,11]

Numerous researches have reported a strong association between educational and occupational attainment and morbidity and mortality. Stable professions with higher compensation are made possible by education, enabling families to accumulate resources that can be used to improve their family's health. Adults with less education are more prone to smoke, eat poorly, and engage in inactive lifestyles. Moreover, studies reported that major cardiovascular diseases, diabetes, liver disorders, and psychological symptoms such as feelings of sadness, despair, and worthlessness are more prevalent in persons with lower educational attainment.[12,13]

Environmental conditions affect the health of all individuals and communities. Low-income communities are more prone to experience environmental hazards such as air pollution, hazardous agricultural pesticides, and poor water quality. The effects of natural disasters also vary depending on the population's exposure and vulnerability, which depend on factors like wealth and education levels, disability and health statuses, gender, age, class, and other social and cultural characteristics. If populations are uprooted or forced to evacuate, these injustices are magnified. Research demonstrates that wealth inequality, particularly in connection to race, education, and homeownership, increases over time as damage due to natural disasters rises.[14,15]

Barriers to high-quality healthcare are also correlated with geography, and these barriers might affect health outcomes. The country's five top causes of death-heart disease, stroke, cancer, accidental injury, and chronic lower respiratory disease-are more prevalent in rural areas than in urban ones.[16]

All underserved populations face challenges in getting the proper care they need because of the time, money, and inconvenience of travel. Given the more significant percentages of rural poverty compared to urban poor, people in rural areas are more likely to travel considerable distances for treatment, which can be difficult. Longer travel distances can also mean longer wait periods for emergency medical services, putting people in danger trying to get help immediately for a potentially life-threatening emergency. Telehealth can aid in easing the difficulties associated with transportation in remote locations.[4]

THE HOLISTIC APPROACH TO NURSING

Nursing has long embraced a holistic approach to patient care, recognizing that health is not solely determined by physical factors but also mental, spiritual, and social well-being. Nurses are trained to consider the whole person and provide comprehensive care that addresses all aspects of their health. This understanding and ability to go the extra mile for patients make nursing a profession with a tremendous impact on health equity.[17]

Throughout their careers, nurses encounter patients in various healthcare settings and across the care continuum. They can build relationships with patients and understand their needs, including the social determinants that may impact their health. By incorporating a holistic perspective into their practice, nurses can play a vital role in addressing SDOH and promoting health equity.[18]

THE IMPACT OF NURSING ON SDOH

Nurses are uniquely positioned to address social determinants of health and contribute to health equity. They work closely with patients, families, and communities, providing care and support in various healthcare settings. By considering each patient's individual needs, nurses can identify and address social determinants that may hinder their access to healthcare/ impact their ability to achieve optimal health outcomes.[18,19]

To effectively address SDOH, nurses must prioritize them alongside other physical aspects of care. This requires a comprehensive assessment of a patient's social and environmental conditions, including income, education, housing stability, transportation access, and social support. By gathering this information, nurses can develop personalized care plans that address health's physical and social determinants.[19] Therefore, Nurses have a crucial role in integrating SDOH into practice and advancing this transformation for improved health of individuals, families and patient populations.

STRATEGIES FOR NURSES TO PRIORITIZE SDOH [20-22]

Nurses have an essential role to play in identifying and addressing issues impacting the overall health of individuals, and they are vital in ensuring SDOH are included in the assessment, planning and delivery of patient-centred care. Numerous strategies can assist nurses in identifying and addressing SDOH in academic and practice settings.

For clinical nurses

Understanding organizational policies: Clinical nurses should learn more about their organization's policies and procedures regarding SDOH. Understanding the guidelines and resources available can help nurses integrate SDOH into their practice effectively.

Utilize electronic health records (EHR): Electronic health records often include sections or prompts for collecting SDOH data. Nurses should explore the EHR system to identify where SDOH information is being collected and determine the best locations to review this data.

Engage in patient discussions: Nurses should encourage open discussions with patients to understand their comfort levels in sharing information about SDOH. Building trust and rapport with patients can facilitate the exchange of sensitive information and inform the development of personalized care plans.

Support organizational plans: Nurses can support and advise their organization's plans to implement SDOH into nursing workflows. This may involve collaborating with interdisciplinary team members, such as social services, nutritionists, and mental health professionals, to ensure comprehensive care.

Identify opportunities for interventions: Nurses should identify opportunities to incorporate SDOH interventions into their practice. This may involve conducting nursing inquiries to assess impact of SDOH on patients' health outcomes and developing strategies to address identified needs.

Integrating social care in the delivery of health care: The committee identified five categories of actions that health systems could undertake to improve integration that are mutually beneficial. Even though all categories will ultimately benefit patients, two of them-adjustment and assistance-concentrate on enhancing the care explicitly given to individual patients based on knowledge of their social risks and protective factors (conditions or attributes that may reduce or eliminate risk). Advocacy and alignment include the roles that the health care sector can play in influencing and funding social care resources at the level of the community (Figure 1).[23]
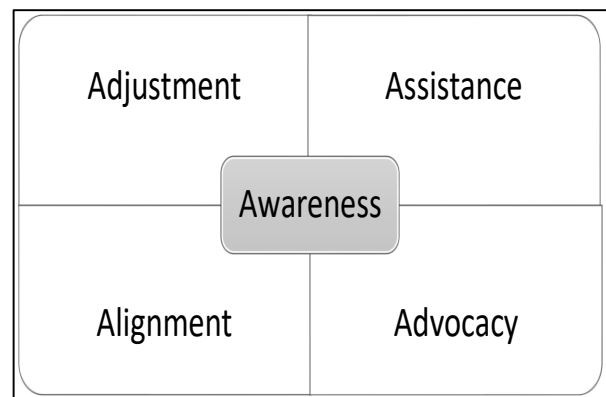

Figure 1: Health care system activity which strengthen social integration ("NASEM report on integrating social care," 1989).

Involve interdisciplinary team members: Collaborating with interdisciplinary team members can enhance the effectiveness of addressing SDOH. By involving professionals from various fields, such as social work, nutrition, and mental health, nurses can ensure comprehensive support for patients. The nurse must make sure assessment results and patient care issues are adequately documented and shared with the care team when creating the nursing care plan.

For nurse informaticists and nurse leaders

Advocate for policy and workflow changes: Nurse Informaticists and nurse leaders can play a crucial role in supporting and promoting the importance of SDOH. They should actively advocate for policy and workflow changes at their organization to integrate SDOH into nursing practice. This can relate to discussing health inequalities and SDOH with the public, policy-makers, and organizational leaders while emphasizing problems and potential solutions.

Participate in committees and groups: Engaging in committees and groups at local, state, and national levels allows nurse informaticists and nurse leaders to contribute to the advancement of standards, policies, and incentives for the collection, use, and sharing of SDOH data. Furthermore, collaborations with community agencies and healthcare entities will help integrate SDOH into patient care activities.

Establish community partnerships: Collaborating and establishing partnerships within the community can help address the identified needs of patients. By working with community organizations and resources, nurse informaticists and nurse leaders can support patients in accessing appropriate services and resources.

For nurse educators

Integration of SDOH concepts in the curriculum: concepts of SDOH must be incorporated into the nursing curriculum and taught to the students with the help of teaching methodologies such as simulation clinical experience. These concepts have traditionally been emphasised in community and public health courses, but as they apply to the healthcare sector, it is crucial to include them in all academic health care programmes. The national league for nursing (NLN) also advocates for the deliberate integration of SDOH instruction within the nursing curriculum.

Utilizing the nursing process as a framework: The Nursing Process provides the framework for integrating SDOH into patient care. Screening questions in the nursing assessment focused on SDOH serve as a guide to identifying social issues impacting patient health. Components of the nursing assessment include questions related to employment, housing, availability of nutritious food, access to health care, including mental health, and caregiver or social support.

Inter-professional education and collaboration: To treat patients adversely affected by SDOH, encourage a team approach to lessen health disparities and advance health equity. Recommendations include developing research and policy in SDOH and promoting funding for initiatives to eradicate health disparities.

CONCLUSION

Addressing SDOH is crucial for achieving health equity and improving overall population health. Nurses, with their holistic approach to patient care and the unique opportunity to build relationships with patients, play a critical role in addressing SDOH. By prioritizing SDOH in their practice and collaborating with interdisciplinary team members, nurses can reduce health inequities and promote optimal health outcomes for all individuals. It is essential for nurses, nurse informaticists, and nurse leaders to actively engage in initiatives that integrate SDOH into healthcare systems and advocate for policies that address the social factors affecting health. We can work towards a more equitable and healthier future for all.

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