

# Addressing Social Determinants of Health Through Advocacy

**Sabita Persaud, PhD, APHN-BC**

The social determinants of health (SDOH) are receiving increased attention due to their influence on health disparities, health outcomes, and overall quality of life. Nurse leaders must take an active role in advocating for strategies that address these important issues. The purpose of this descriptive study was to explore nurses' knowledge, attitudes, and behaviors related to SDOH. A sample of 107 registered nurses completed the SDOH survey. Findings revealed that nurses experience personal discomfort and anticipate patient discomfort related to addressing the SDOH in their practice. They also voice a lack of skill, lack of time, and a dependency on other professionals to address these issues. The findings highlight the need for nurse leaders to advocate for nurses and those they care for through policy development, collaboration, and education. Based on the findings of this study, multiple strategies for nurse leaders serving as advocates are presented. **Key words:** *advocacy, nurse administrator, nurse executive, social determinants of health*

**S**OCIAL determinants are the conditions in which people are “born, grow, work, live, and age, and the wider 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.”<sup>1</sup> Social determinants are often the foundation of a person’s health and are critical to an understanding of the dynamics surrounding health inequity. There has been increased global attention to these issues, as evidence related to their influence on health

inequity, health disparity, health outcomes, and overall quality of life grows. There is also an increased acknowledgement of the need for multilevel interventions that address the fundamental causes of poor health.<sup>2</sup>

The *Future of Nursing* report challenges nurses to design care that addresses the social determinants of health (SDOH) faced by the most vulnerable in society.<sup>3</sup> Nursing has a strong history of addressing disparity through health promotion and illness prevention, utilizing a holistic lens that includes social and behavioral determinants.<sup>4</sup> Today, there is a renewed emphasis on the need for immediate action in the form of education and advocacy, in order to properly address SDOH. The challenge faced by nurse leaders is that today’s health care system is complex and challenging in itself. This leaves little time and resources to fully address the SDOH, which occur outside of what has been typically identified as the health care system.

---

**Author Affiliation:** School of Nursing, Notre Dame of Maryland University, Baltimore.

*This work was produced with the assistance of a Nurse Support Program II grant administered by the Maryland Higher Education Commission funded through the Health Services Cost Review Commission.*

*Marleen Thornton, PhD, RN, contributed to data collection and analysis.*

*The author declares no conflict of interest.*

**Correspondence:** Sabita Persaud, PhD, APHN-BC, School of Nursing, Notre Dame of Maryland University, 4701 North Charles St, Baltimore, MD 21210 (spersaud@ndm.edu).

DOI: 10.1097/NAQ.000000000000277

## BACKGROUND

There are multiple examples of how SDOH play out in the practice of nursing. For

example, a nurse who encounters a patient with uncontrolled diabetes may routinely address this issue through medication management and nutrition counseling. While this intervention is appropriate, it would also be prudent for the nurse to assess whether or not the patient has a safe or affordable place to exercise, has access to healthy food options, or is able to afford healthier nutritional options due to income (or even employment instability). In today's fast paced health care climate, nurses lack the time required to fully assess and address each patient's SDOH. This contributes to a major gap in individual and community health care, because nurses occupy the ideal caregiver space to develop, implement, and evaluate appropriate SDOH interventions. To address this gap, nurse executives must advocate on behalf of nurses and those they care for.

The American Nurses Association defines advocacy as "the act of pleading or arguing in favor of a cause, idea, or policy on someone else's behalf, with the object of developing the community, system, individual, or family's capacity to plead their own cause or act on their own behalf."<sup>5</sup> Nurse leaders serve as advocates for both nurses and those being cared for, arguing in favor of initiatives that enhance nurses' ability to address SDOH in practice. The current health care systems requires nurse leaders to advocate for preventative strategies, reform of delivery services, and increased access, while maintaining the highest quality of care.<sup>4</sup>

Advocacy among health professionals, specifically nurse leaders, is an untapped vehicle to move toward health equity and the elimination of health disparities. Nurse executives may believe that SDOH such as urban development, educational policy, and food insecurity are outside of their area of comfort and expertise. However, the profession cannot ignore growing evidence which supports the relationship between SDOH and health outcomes. Nurse executives who are committed to improvement of health must expand their advocacy roles to include these root causes of health.

Nursing is well positioned to lead initiatives that address the SDOH across the care continuum.<sup>6</sup> To do so, nurses must be knowledgeable and comfortable when advocating for issues related to health inequity, disparity, and SDOH. The descriptive study discussed in this report explored nurses' knowledge, attitudes, and behaviors related to SDOH. Findings have clear implications for nurse executives across the care continuum.

## METHODS

### Participants

A total of 107 registered nurses enrolled in a RN to BSN nursing program participated in this descriptive study. Participants were made aware of the study's objectives, and signed consent was obtained from each. Participation was highly encouraged, but not mandatory, and confidentiality and anonymity were maintained. The study was approved by the Institutional Review Board of Notre Dame of Maryland University.

### Data collection

Participants completed a 39-item SDOH survey that was adapted, with permission.<sup>7</sup> Participants were asked to rate their level of knowledge, confidence in ability (attitude), and likelihood to discuss (behavior) 13 SDOH on a 5-point scale ranging from extremely (5) to not at all (1). The determinants of health addressed in the survey included earnings and disposable income, social gradient, stress, social exclusion, work conditions, unemployment and job security, social support, addiction, food insecurity, transportation, education, race and culture, and disability. Participants were also asked to identify perceived barriers to addressing SDOH in their practices.

## RESULTS

Analysis of the demographic data revealed that the mean age of the respondents was 32.7 years. Ninety-eight percent of the participants were female, with an average of

11.2 years of practice. Multiple specialties were represented, with the majority of participants working in the acute care environment (91.5%).

Participants reported high levels of knowledge, confidence in ability, and likelihood to discuss social support, stress, addiction, and transportation. All of the participants identified that nurses should be involved in addressing issues related to SDOH. However, a majority reported low levels of knowledge, confidence in ability, and likelihood to discuss the upstream determinants of social gradient, food insecurity, social exclusion, unemployment, and job security. Of particular interest to nurse executives are findings related to barriers to addressing SDOH (Table). Anticipated patient discomfort, dependency on other disciplines, lack of support, and lack of skill related to SDOH were the barriers most often identified.<sup>8</sup>

**DISCUSSION**

**Role of nurse leaders**

This study revealed an urgent need for increased awareness about the SDOH among registered nurses. Findings suggest that while nurses believe that these issues should be addressed, they lack the necessary skills and support to do this. Nurse leaders must embrace this need and commit to developing a nursing workforce able to address these issues. Nursing’s long history of serving as advocates positions the profession to lead strategies that pro-

mote health equity, decrease disparity, and address the negative impacts of some SDOH. Nurse executives can build their own capacity to address SDOH by gaining formal insight into the communities they serve, challenging current assumptions, and using a macrolevel lens.

While executives must continue to support downstream interventions such as hospital-based smoking cessation programs and free transportation for health services, an upstream approach promises larger-scale change. Upstream interventions seek to reform the fundamental structures that distribute wealth, power, opportunities, and decision making. These interventions focus on macrolevel factors that result in the social structural influences of health and the health care system.<sup>9</sup> It will take courage for nurse leaders to shift the emphasis to upstream approaches, as they tend to be more complex and involve multiple levels of intervention.<sup>10</sup> Policy change and development, interdisciplinary collaboration, and education are key areas where nurse leaders can use their expertise to advocate for increased attention to SDOH.

**Policy change and development**

Too often, the role of the nurse executive is to implement policies that were made with little or no input from Nursing. To be true advocates, nurse leaders must be actively involved in the decision-making process related to improving health outcomes.<sup>10</sup> Nurse-led policy

**Table.** Barriers to Addressing Social Determinants of Health in Practice

	N	%
I think my patients would be uncomfortable if I asked.	60	56
There are other people in my organization who address these issues.	52	48.6
I do not know how to address the issues if they are present.	48	44.9
I do not have the support available to me to assist with these issues	40	37.4
I am uncomfortable asking for this type of information	36	33.6
It takes too much time	28	26.1
I do not think these are important issues	4	0.4
Nurses should not be involved in these kinds of issues	0	0

change can significantly impact decisions that influence care across the continuum. In order for this to occur, nurse leaders must take an active role in the policy-making process at all levels. Influencing policies that address SDOH requires a keen awareness of politics, power, and policy agendas. Nurse leaders can develop this skill set through participation in formal mentorship programs, membership on advisory boards, and leadership in professional organizations.<sup>3</sup> At the very least, nurse leaders must remain current with proposed legislation and the potential impact on the determinants of health.

Nurse executives must also make it a priority to stay abreast of national policy recommendations. Not doing so could lead to a lag in progress toward improved health outcomes. Following current recommendations, nurse leaders and executives should advocate for the expansion of existing documentation tools to incorporate SDOH. The Institute of Medicine recommends implementation of a standardized assessment panel, with electronic health records that include questions addressing education, stress, depression, physical activity, census track-median income, financial resource strain, intimate partner violence, and social connections/social isolation.<sup>11</sup> The American Academy of Nursing has also called on health systems to develop standards for integrating social and behavioral determinants of health into the electronic health record (EHR). This would provide a systematic way to link identified patient needs to community health and social resources.<sup>12</sup> Oregon Community Health Information Network, a nonprofit organization that centrally manages an EHR for community health centers across 19 states, recently conducted a pilot program in community health centers to create an EHR-based SDOH data collection process that works congruently with the referral process. The key component of the pilot project was stakeholder input to ensure that the workflow met the needs of each member of the health care team. However, this is one of the few published exemplars demonstrating how

health care organizations can be systematic in the screening for SDOH using the EHR.<sup>13</sup> Among the lessons learned were the needs to tailor the SDOH data collection to the local community and to consistently update the potential community resources that clients may be referred to. Systematically documenting patients' SDOH data in EHRs throughout the health care continuum could provide data needed to develop plans of care that comprehensively address determinants of health, design effective population management programs, and advance research related to social and behavioral determinants of health.

### **Collaboration**

Nurse executives are constantly faced with challenging financial situations. Expanding the plan of care to include community resources can be a costly and time-consuming process. An upstream approach to SDOH requires nurse leaders to proactively invest time and resources. The issue of limited resources is not unique to acute care settings. Screening and services for SDOH are lacking in outpatient services, as case management programs struggle with high caseloads and unreliable information sources. Although an increasing number of hospitals are screening for some determinants of health, the process tends to be fragmented. This points to an opportunity for mutually beneficial collaboration among nursing, other disciplines, and the community at large.

Collaboration requires clear communication among a group of people who work together toward innovative solutions.<sup>14</sup> There is a distinctly different process between cooperation and coordination. Cooperation with disciplines such as social work is certainly not new to nursing. However, in order for there to be true collaboration, there must be a shift away from the historical referral-based relationship between nursing and social work. Nurse executives must acknowledge the power and expertise held by both professions, as they reframe the relationship to design innovative solutions to SDOH. The new relationship must become a team

approach around the needs of individuals and communities.

Involvement in data collection and analysis is another opportunity for the nurse leader. The community benefit provision of the Affordable Care Act requires that not-for-profit hospitals complete a community assessment every 3 years.<sup>15</sup> Hospitals and partnering health care organizations can use these data to develop, implement, and evaluate a plan for action to address SDOH. Nurse leaders can use this involvement to move beyond traditional partnerships. They should consider collaborating with urban developers, business leaders, and educators.<sup>6</sup> This is critical to effectively advocate for upstream strategies such as increased employment opportunities, access to housing, and the elimination of food deserts. Mercy Health Saint Mary's serves as an exemplar of how health care and community-based organizations can work together to improve the outcomes of a shared population. Their project includes a designated clinical nurse leader who serves as the liaison among community organizations; a shared complex care plan that can be accessed electronically by the entire team; and the creation of a culture of joint success. While Mercy Health Saint Mary's leaders report that (expected) challenges are present, the program is an overall success that continues to expand.<sup>16</sup> Active involvement at this level provides nurse leaders an opportunity to be the voice of both nurses and those they serve. Nurse executives are unique, as they can serve in the space between administration, the community, and clinical services. They are well positioned to address identified gaps.<sup>17</sup>

## Education

There is an anticipated need for a nursing workforce equipped with skills in assessing and addressing the SDOH through interprofessional collaboration.<sup>18</sup> Keeping this in mind, nurses should be academically and experientially prepared for the management of disease as well as the addressing of SDOH through assessment, policy development, and

assurance.<sup>19</sup> This need presents an opportunity for nurse executives to develop innovative orientation and continuing education opportunities to prepare nurses for the emerging health care environment. This content should be integrated into residency programs for new nurses as well as annual competency-based continuing education. Content should include an overview of the SDOH, a snapshot of the community being served by the organization, and an overview of available community resources.

Data from this study support that nurses' lack the knowledge and ability needed to adequately address SDOH. In addition to integrating content into nursing education programs, leaders should address this information silo through the development of an electronic SDOH toolbox available to all disciplines. This could be an easy-to-use Web-based tool that provides access to information about SDOH, the health status of the community being served, available resources, and opportunities for advocacy. Encouraging nurses to fulfill continuing education requirements by completing courses such as the Registered Nurses' Association of Ontario's *Nursing Toward Equity: Applying the Social Determinants of Health in Practice* would also help fill the knowledge gap.<sup>20</sup>

Nurse executives might also consider providing interprofessional opportunities for nurses to engage in conversation about this content. These opportunities allow for the sharing of various perspectives on how upstream forces impact the health of individuals and populations. They may also uncover any duplication of services along with opportunities for collaboration. The demands of the complex health care system can serve as barriers to these potentially transformative discussions. Therefore, nurse executives must take the lead in creating spaces that promote these interactions.

## CONCLUSION

The nursing workforce faces many barriers to addressing the SDOH in practice. This inhibits the ability of the profession to

fully respond to the Institute of Medicine's call for nursing to take a leadership role in improving health outcomes across the care continuum. Nurse executives are

perfectly poised to advocate on behalf of nurses and those they care for through policy development, collaboration, and education.

---

## REFERENCES

---

1. World Health Organization. Social determinants of health. [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/) Social Determinants of Health. Accessed October 1, 2017.
2. Braveman P, Gottlieb L. The social determinants of health: it's time to consider the causes of the causes. *Public Health Rep.* 2014;129(suppl 2):19-31.
3. IOM Institute of Medicine (US) Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine. *The Future of Nursing: Leading Change, Advancing Health.* Washington, DC: The National Academies Press; 2011. 5. Transforming Leadership. <https://www.ncbi.nlm.nih.gov/books/NBK209867/>. Accessed October 20, 2017.
4. Abbott L, Elliot L. Eliminating health disparities through action on the social determinants of health: a systematic review of home visiting in the United States, 2005-2015. *Public Health Nurs.* 2016; 34(1):2-30.
5. American Nurses Association, Public Health Nursing. *Scope and Standards of Practice.* 3rd ed. Silver Spring, MD: American Nurses Association; 2015.
6. Lathrop B. Nursing leadership in addressing the social determinants of health. *Policy Polit Nurs Pract.* 2013;14(10):41-47.
7. Klein M, Kahn R, Baker R, Fink E, Parrish D, White D. Training in social determinants of health in primary care: does it change resident behavior? *Acad Pediatr.* 2011;11(5):387-393.
8. Persaud S, Thornton M. Addressing social determinants of health in practice. Paper presented at: 44th Biennial of Sigma Theta Tau International; October 31, 2017; Indianapolis, IN.
9. Bharmal N, Derosé K, Felician M, Weden M. *Understanding the Upstream Social Determinants of Health Working Paper.* Santa Monica, CA: RAND Health; 2015.
10. Braveman P, Egarter S, Williams D. The social determinants of health: coming of age. *Annu Rev Public Health.* 2011;32(1):381-398.
11. Institute of Medicine. *Capturing Social and Behavioral Domains and Measures in Electronic Health Records: Phase 2.* Washington, DC: The National Academies Press; 2014.
12. Troseth M. American Academy of Nursing endorses social behavioral determinants of health in electronic health records. *Comput Inform Nurs.* 2017;35(7):329-330.
13. Gold R, Cottrell E, Bunce A, et al. Developing electronic health record (EHR) strategies related to health center patients' social determinants of health. *J Am Board Fam Med.* 2017;30(4):428-447. doi:10.3122/jabfm.2017.04.170046.
14. Kinnaman L, Bleich M. Collaboration: aligning resources to create and sustain partnerships. *J Prof Nurs.* 2014;20(5):310-322.
15. Health Services Research Information Central. Community benefit/community health needs assessment. [https://www.nlm.nih.gov/hsrinfo/community\\_benefit.html](https://www.nlm.nih.gov/hsrinfo/community_benefit.html). Accessed October 17, 2017.
16. Hardin L, Killian A, Spykement K. Competing health care systems and complex patients: an inter-professional collaboration to improve outcomes and reduce health care costs. *J Interprofessional Educ Pract.* 2017;7:5-10.
17. Butler S, Diaz C. *Nurses as Intermediaries in the Promotion Of Community Health: Exploring Their Roles and Challenges.* Washington, DC: Brookings Institution; 2017. [https://www.brookings.edu/wp.../2017/09/es\\_20170921\\_nurses\\_as\\_intermediaries.pdf](https://www.brookings.edu/wp.../2017/09/es_20170921_nurses_as_intermediaries.pdf). Accessed October 28, 2017.
18. Lipstein S, Kellermann AL, Berkowitz B, et al. *Workforce for 21st-Century Health and Health Care: A Vital Direction for Health and Health Care.* Washington, DC: National Academy of Medicine; 2016.
19. Evans-Agnew R, Reyes D, Primomo J, Meyer K, Matlock-Hightower C. Community health needs assessments: expanding the boundaries of nursing education in population health. *Public Health Nurs.* 2017;34(1):69-77. doi:10.1111/phn.12298.
20. Registered Nurses' Association of Ontario. Nursing towards equity: applying social determinants of health in practice. <http://rnao.ca/bpg/courses/nursing-towards-equity-applying-social-determinants-health-practice>. Accessed December 2, 2017.